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Between Ourselves

A hot, muggy morning in June is not the most propitious time to write even as personal a column as this. One can only wonder if it may not be almost the same sort of sticky day in August when you will be reading it. We hope that your place of work is made more comfortable by the judicious use of electric fans, as ours is. It surely helps!

* * *

The short article telling of the ***recruitment program*** being conducted by the Hotel Dieu, Cornwall, Ont., (*The Canadian Nurse*, January, 1952) has drawn a response from a school of nursing in Holland. They are using somewhat similar devices to interest the young girls of their community in choosing a career in nursing.

* * *

Because, in the next few weeks, there will be hundreds of eager-eyed 'teen-agers flocking to our schools of nursing to unlatch the magic door leading to the proud title "registered nurse," we think **Sylvia Nott's** discussion on the ***orientation of students*** will be of especial value. The Victoria General Hospital has the largest school of nursing in Nova Scotia.

* * *

Almost equally thought-provoking is the query that **Fredrica Lyons** raises in her article. Believing that there is every reason why the practices that work in ***personnel relations*** within an industry can be made to work in a hospital, Miss Lyons set out to prove her case. She chose The Ethicon Suture Laboratories, New Brunswick, N.J., as her industry since many of their departments are as concerned with sterile technique as any hospital. How closely the parallel can be drawn you will find as you read this interesting study. "Progress in the suture plant began when executives digested the fact that employees are men and women, with all the needs, abilities, and weaknesses inherent in human beings." So are supervisors and head nurses in our hospitals. Perhaps some new understandings may materialize when this article has been "digested" by nursing administrators.

* * *

Gladys J. Sharpe, *director of nursing* of the Toronto Western Hospital, is modest about the contribution she made to the ***WHO Working Conference*** of which she writes. Miss Sharpe was chosen to represent Canada on this occasion so that she might give first-hand information to the other conferees regarding the successful working out of the two-year plus a year of internship program at her school of nursing. In the meantime, this glimpse at a Working Conference in action is very interesting. Don't miss it!

* * *

The equipment that **Hazel Hull** *describes* in her article on ***the peristaltic enema*** opens up a new aspect of treatment for inactive or sluggish colons. Some of the dread that patients have for this form of care will be dissipated when the new apparatus comes into wider use in hospitals across Canada. "The peristaltic enema is . . . designed for the purpose of establishing normal peristaltic action." "With this apparatus it is possible to give a successful enema with as little as from four to eight ounces of normal saline or water." (*P.S.* The old style enema cans can be used quite successfully as watering cans for plants in flowerpots!)

* * *

As a ***record librarian*** *sees them,* the day-by-day accounts of patient care that ward nurses keep serve a very useful purpose. **Sister G. Beliveau** points out these uses to the patient, the doctor, and to medical research. "Medical records should not be written merely to comply with a rule of the hospital or as a mere routinism. They should be written for their scientific value through which the patient gets better care, the physician increases his clinical knowledge, and the cause of medical science is aided."

Most people drink too little water, especially during the hot weather when much of the body's moisture is lost through perspiration. Milk and fruit juices will help to replace some of the lost fluid for those who do not enjoy drinking plain water.

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New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

BORACINE

Manufacturer—Rougier Frères Inc., Montreal, Que.

Description—Each pastille contains: Boratol (menthol, sodium borate with 1 mg. benzocaine), tyrothricin 1 mg., bacitracin 100 units.

Indications—For relief of infections of mouth and throat.

Administration—Pastilles to be dissolved slowly in the mouth.

DAYTONE Elixir

Manufacturer—Anglo-Canadian Drug Co. Ltd., Oshawa, Ont.

Description—Each teaspoonful dose provides: Desanca (d-desoxyephedrine HCl) 2.5 mg., Day-Barb (butylbarbituric acid) ¼ gr., thiamin chloride 5 mg., riboflavin 1.25 mg., niacinamide 7.5 mg.

Indications—Depressive or anxiety states within neurotic limits.

Administration—Suggested dose—one teaspoonful three times daily.

FERROBEX LIQUID

Manufacturer—Ingram & Bell Limited, Toronto, Ont.

Description—Each fluid ounce contains ferrous gluconate 16 gr., liver extract 70 gr.(approximately equivalent to 1 oz. fresh liver), thiamin chloride (B-1) 9 mg., calcium pantothenate 6.25 mg., copper sulfate 0.2 gr.

Indications—Iron deficiency anemias where supplemental iron therapy is indicated or in conjunction with injectable liver therapy for the treatment of pernicious anemia where a simultaneous iron deficiency exists.

Administration—1 to 2 fluid drachms three times daily. This dosage may be increased as indicated and large doses will be found to be tolerated satisfactorily in most instances.

ANATOLA AMPOULE (LOBEL FORMULA)

Manufacturer—Parke, Davis & Company Ltd., Walkerville, Ont.

Description—A stable injectable preparation of vitamin A, 50,000 Int. Units per cc., in sterile olive oil containing small amounts of camphor, eucalyptol, guaiacol, and iodoform.

Indications—For treatment of patients with certain types of impairment-hearing (partial deafness) and other conditions due to deficiency states involving vitamin A, and psoriasis.

Administration—Dose—1 cc. or more, daily or on alternate days, intramuscularly, as required.

TROMEXAN

Manufacturer—Geigy Pharmaceuticals, New York.

Description—Brand of ethyl bicoumacetate [3,3-carboxymethylene-bis-(4-hydroxycoumarin) ethyl ester], synthetic oral anticoagulant, in scored tablets of 150 mg. and 300 mg.

Indications—As an anticoagulant in prophylaxis and treatment of intravascular clotting, including thrombophlebitis, coronary thrombosis, congestive heart failure, pulmonary embolism, and as a post-operative medication where prolonged immobilization is necessary or where vascular suture, anastomosis, or transplant has been performed.

Administration—Dosage controlled by periodic prothrombin determinations. Average dosage in divided amounts is 1,500-1,800 mg. first day followed by a daily maintenance dose of 600-900 mg.

NYDRAZID

Manufacturer—E. R. Squibb & Sons of Canada Ltd., Montreal, Que.

Description—Isonicotinic acid hydrazide 100 mg. scored white tablets. New antitubercular agent available to hospitals and institutions *only*.

Indications—For clinical trial in the treatment of tuberculosis.

Administration—Recommended daily dose is 3 to 5 mg. per kg. of body weight, given orally in two equal doses. Administration should be stopped if symptoms of central nervous system stimulation develop. To be used with caution in patients with suspected or known renal damage.

New Editions in Preparation

New 9th Edition

NURSES HANDBOOK OF OBSTETRICS, *by Louise Zabriskie, R.N., Director, Maternity Consultation Service, New York, and Nicholson J. Eastman, M.D., Professor of Obstetrics in Johns Hopkins University and Obstetrician-in-Chief to the Johns Hopkins Hospital.*

An extensively revised edition of this basic text in obstetric nursing with renewed emphasis on management and nursing care. New material has been added on: prenatal planning, blood groups and transfusions, prevention of prematurity, natural childbirth, new pregnancy tests, emotional aspects of pregnancy. Tables, statistics and bibliographies have been revised. About 800 Pages. 385 Illustrations, 7 Color Plates. **$4.50**

New 6th Edition

PHARMACOLOGY AND THERAPEUTICS, *by Charles Solomon, M.D., F.A.C.P., Lecturer in Materia Medica and Medicine, School of Nursing, Jewish Hospital, Brooklyn, with the Collaboration of Elizabeth S. Gill, B.S., R.N., Instructor in Nursing, Department of Nursing, Faculty of Medicine, Columbia University, Presbyterian Hospital School of Nursing.*

A revised and rewritten edition of this comprehensive text covering virtually all commonly used drugs in relation to action, use, characteristics, effects, administration and untoward effect. Considers the close relationship between pharmacology and clinical medicine, and the specific responsibility of the nurse. About 750 Pages. Over 75 Illustrations, many in Color. **$4.50**

New 7th Edition—Just Released

NURSING CARE OF COMMUNICABLE DISEASES, *by Mary E. Pillsbury, R.N., M.A., Adviser in Technic of Prevention and Control of Communicable Diseases; and Elizabeth J. Sachs, R.N., B.S., Assistant Professor of Nursing, University of Pittsburgh School of Nursing. Science Adviser and Editor: Jean Broadhurst, Ph.D. Contributors: Jessie Wright, M.D., and Jane T. Torrance, R.N., B.S., M.Ed.*

The role of the nurse as a teacher of health, emphasizing community aspects of disease prevention and control. The text is entirely rewritten with much new material including: chemotherapy, rheumatic fever, acute atypical (virus) pneumonia, infectious or virus hepatitis, and infectious diarrhea of the newborn. 824 Pages. 168 Illustrations, 3 Color Plates. **$4.50**

A New Book—Just Released

THE NURSING STUDENT EVALUATES HER TEACHERS, *by Loretta E. Heidgerken, R.N., M.S., Ed.D., Associate Professor of Nursing Education, The Catholic University of America.*

An analysis of the teacher and teaching activities in the school of nursing as viewed by the senior nursing student. The monograph is divided into four parts: relationship of teaching and learning, theory and practice of student evaluation, personal qualities and teaching activities which the senior nursing students believe their teachers possess, ways in which improvement of teaching can be brought about. 134 Pages. **$3.50**

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Description—Each capsule contains: Sodium pentobarbital 1/16 gr., ephedrine sulfate ⅛ gr., theophylline ethylenediame ⅜ gr., 1-hyoscyamine 1/1,000 gr., potassium iodide 1¼ gr.

Indications—Bronchial asthma, croup, in children.

Administration—1 or 2 capsules 3 or 4 times a day according to age.

BISTRIUM BROMIDE

Manufacturer—E. R. Squibb & Sons of Canada Ltd., Montreal, Que.

Description—A potent ganglionic blocking agent, Trimethylammonium Bromide, commonly called C6 or Hexamethonium.

Indications—Peripheral vascular disease and hypertension.

Administration—Parenterally.

PERAZIL

Manufacturer—Burroughs Wellcome & Co., Montreal, Que.

Description—An antihistaminic cream to which, so far as clinical trials have determined, there is an unusual likelihood of skin sensitization. It contains 1% of chlorcyclizine hydrochloride in a non-greasy base which is easily washed off with water.

Indications—For treatment of localized neurodermatitis (lichen simplex chronicus), especially muchal eczema; contact dermatitis; atopic dermatitis (disseminated dermatitis); pruritus of the anus, vulva and scrotum; insect bites, including bee stings; urticaria.

ROTER

Manufacturer—Anglo-French Drug Co. Ltd., Montreal, Que.

Description—Each tablet contains: Magnesium carbonate 400 mg., bismuth subnitrate 350 mg., sodium bicarbonate 200 mg., buckthorn bark 25 mg., calamus root 25 mg.

Indications—For the treatment of peptic ulcers, acute and chronic gastritis, hyperacidity, gastric complaints of a neuro-vegetative nature and digestive disorders arising from these.

Administration—Two tablets three times a day after meals.

ELKOSIN

Manufacturer—Ciba Company Ltd., Montreal, Que.

Description—Sulfadimetin, (N_1-2, 6-dimethyl 4-pyrimidyl sulfanilamide) 0.5 gm. tablets and palatable, strawberry-flavored suspension containing 0.25 gm. in each teaspoonful (4 cc.). New relatively soluble sulfonamide with low acetylation in the blood.

Indications—Systemic and urinary tract infections due to susceptible microorganisms.

Administration—*Systemic* infections: 4 tablets initially (8 to 12 in severe cases), then 2 tablets every four hours.

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Infants and children: Under 6 months, 1 tablet initially then ½ tablet every 12 hours; 6 months to 3 years, 2 tablets initially, then 1 tablet every 12 hours; 3 to 10 years, 3 tablets initially, then 2 tablets every 12 hours.

HYPOTENSYL-PHENO with Rutin & Vitamin C

Manufacturer—Anglo-French Drug Co. Ltd., Montreal, Que.

Description—Each s.c. tablet contains: Viscum album extract 75 mg., hepatic extract 100 mg., pancreatic extract 50 mg., rutin 10 mg., vitamin C 15 mg., phenobarbital ¼ gr.

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Administration—3 to 6 tablets daily, preferably ½ hour before meals.

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Riboflavin	1.5 mg.
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Niacinamide	10 mg.

The
CANADIAN NURSE

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PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-EIGHT NUMBER EIGHT

MONTREAL, AUGUST, 1952

Chateau Convention

BONJOUR, MADAME! Comment ça va?

Through the corridors of the Chateau Frontenac in Quebec City during the first week in June, hundreds of English-speaking nurses mingled with their French-speaking colleagues and experimented with their high school French. The occasion—the 26th convention of the Canadian Nurses' Association. By motor-car and bus, by train and by air, the nurses poured into the city from all parts of the Dominion. Two from the United States joined us. The director of nursing of King Edward VII Memorial Hospital, Bermuda, and one of her students were included among the participants. A native Haitian, who is a student nurse in one of the French schools in Quebec City, added her soft French to the discussions.

SUNDAY

Leaden skies and a steady downpour were a disappointment to those who had arrived ahead of time to do some sight-seeing before the convention began. Nonetheless, the special nurses' mass in the morning and the Protestant service in the historic Anglican Cathedral were both well attended. There were a few bedraggled hats on those who had misplaced their confidence in the weather and arrived without umbrellas but no one seemed to mind. The interesting *Soirée de Folklore* completed the evening.

MONDAY

Helen G. McArthur, president of the C.N.A., made a gracious and efficient chairman for the business

HELEN MCARTHUR *and* MARGERY WALKER *compare notes.*

STUDENT NURSES (*rt.*) *acted as messengers.*

sessions of the convention that opened promptly at 9:00 a.m. It is worthy of note that, under Miss McArthur's skilled direction, the items of the program marched with precision each day so no over-time sessions were necessary to complete the work planned.

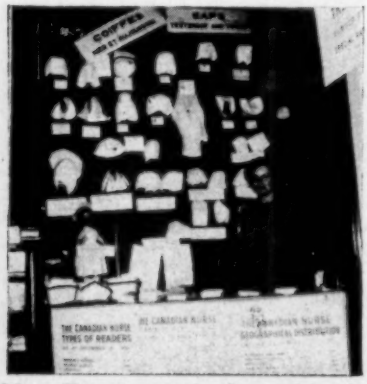
There had been considerable speculation, previously, as to how the two-language situation was going to be met. To prevent the long delay that the repetition of all reports, addresses, and discussion would have necessitated, arrangements had been made for simultaneous translation of the business that was carried on in English in the main convention hall and broadcast over loud-speakers to the assembled French-language members in another room. Doreen Bédard of Sherbrooke, Que., who has qualified most effectively at the University of Montreal for this type of work, carried the responsibility so efficiently each day that there was no gap in the full understanding of members of either group in the business that was being transacted.

The fact that the great majority of the reports that were presented had been published in both languages in the May issue of *The Canadian Nurse* precluded the necessity of any of the conveners reading them. Each was asked to highlight the most important points extemporaneously. More than ever before each member was aware of the *Journal*'s usefulness as a tool in their professional activities.

The convention theme—"For Better Service Today and Tomorrow"—"Pour Mieux Servir Aujourd'hui et Demain"—was stressed again and again as the program unfolded.

MRS. CLERK *knew the answers.*

Our indefatigable convention manager, Mrs. A. N. Clerk, had secured a large representation of commercial and professional exhibits. As Mrs. Clerk presented each of the exhibitors during the first session, she asked the nurses to visit the booths and acquaint themselves with the new products, equipment, and books. No further urging was necessary—the nurses thronged to and through the various exhibit halls as often as possible. One surprised exhibitor was heard to exclaim, "They actually stopped and listened to explanations!"



MRS. ENGLISH *at the Journal booth.*

A very considerable number of student nurses from every province were in attendance. Their enthusiasm over their own special sessions, their earnest attention during the regular sessions, their vim for sight-seeing on every possible occasion should presage an active, interested body of graduates in future years. While their seniors would be bewailing swollen ankles and aching arches, the students would be off exploring the Plains of Abraham on foot or riding the "ascenseur" to prowl in discreetly large groups through the narrow streets of Lower Town, the old Quebec of 300 years ago.

One of the highlights of the first day was the presentation of an historical pageant in the beautiful garden of Hôtel-Dieu—the oldest hospital in Canada. The many scenes portrayed awakened a lively interest in the role the nuns of this community have played in the developing history of our country.

HÔTEL-DIEU—*scene of the Pageant.*

After shaking hands with the swarms of nurses who thronged to the reception held in the evening by the Association of Nurses of the Province of Quebec, Margaret M. Street, executive secretary-registrar, was heard to exclaim that she knew now what an exhausting time royalty-on-tour had!

Monday's presentation of the report of the Structure Study with Pauline Jewett, who had made the study at

MLLE MARTINEAU, *president, A.N.P.Q., greets a guest.*

the request of the C.N.A., on the platform, evoked surprisingly little discussion. No action was called for until Friday's session.

TUESDAY

The new Canadian Commission on Nursing—a united effort on the part of the Canadian Hospital Council, the Canadian Medical Association, and the Canadian Nurses' Association—was reported upon for the first time by the general secretary, Gertrude M. Hall. We learned that a brochure on nursing has been prepared for distribution to the rank and file of the medical profession. Many doctors, it was felt, are unfamiliar with the problems and aspirations of the nursing profession. The Commission had noted the percentage of student nurses who withdraw from training for health reasons. Though tuberculosis was not given as the main cause, the Commission believed that more should be done to promote an understanding of the use and value of B.C.G. vaccine. Look for articles on this topic in forthcoming issues of our *Journal.*

The Special Interest Committees were in charge of the afternoon's program. Following brief reports of their current activities, the convention body was invited to attend a series of nursing demonstrations that had been set up in the nearby Quebec Commercial Academy. It was unfortunate that almost everyone accepted the invitation immediately. The result was bedlam! No one could hear the

MME SURVEYER *and* MISS LINDSAY *confer on arrangements.*

interlocutors and only the tallest members or those at the front of the crowd could see what was going on. Instead of having several demonstrations going on at once, for the evening presentation the program was changed to permit everyone to watch each demonstration separately. This proved much more enjoyable and informative.

Special mention must be made of the exceedingly realistic "Casualty Care in Mass Disaster" convened by Evelyn Pepper, nursing consultant of the Civil Defence Health Planning Group. The judicious use of make-up materials gave the simulated injuries a realism that was almost frightening. Nor will anyone who watched the demonstration ever forget Dorothy Percy's portrayal of the effects of radiation sickness.

Many NURSING SISTERS *were present.*

WEDNESDAY

A welcome innovation at C.N.A. conventions—this was a free day!

Nurses go sight-seeing.

Sight-seeing tours galore were planned and enjoyed. The Island of Orleans, Montmorency Falls (said to be higher than Niagara!), Ste. Anne de Beaupré, Lac Beauport, are no longer just names to the conventioners. One of the most frequented spots was the Charlesbourg Zoo. It was well worth a visit and the weather proved ideal for a tramp through the extensive area.

Siesta time at the ZOO.

Laval University was celebrating the 100th anniversary of the granting of its royal charter. The members of the Executive Committee were guests

LAC BEAUPORT.

Looking out from the ramparts.

of the University at an official reception during the late afternoon.

The evening tour of the world-famous Citadel attracted large numbers. General Wolfe's last letter to his mother before he led his forces to victory and his death on the Plains of Abraham was a memorable item in the two-year-old museum. For a wider selection of Canadiana, members were urged to visit the Provincial Museum.

Another thronged reception was held in the Winter Palace. Here the nurses of Quebec City were gracious hostesses and bountiful providers of delectable refreshments.

THURSDAY

The eagerly awaited report of the evaluation of the independent school experiment was the chief focus of interest at the morning session. The packed assembly hall listened with spellbound attention as Dr. A. R. Lord, on behalf of the Canadian Education Association, reported that he had examined every aspect of the plan of organization, the curriculum, the teaching program, and learning opportunities and found that they were good. Using three well known schools of the conventional type as his controls, Dr. Lord had weighed and balanced the product—the graduate nurse. The complete report is to be made available in printed form within the next few months. It will suffice here to note only a couple of the conclusions:

1. The *average* graduate of the Demonstration School compared with the *average* graduate of the three-year "control" schools appears to be:

(a) At least as well-prepared for basic

MANITOBA *delegates sight-seeing.*

At LAVAL UNIVERSITY *reception.*

Visitors to THE CITADEL.

bedside nursing; (b) better prepared for tuberculosis nursing; (c) better prepared for psychiatric nursing and to use the principles of mental health and public health with all patients.

2. The unusual educational values of the Demonstration School are:

(a) A weekly load of classroom and laboratory periods for students which enables instruction to be by assignments and class discussion rather than by lectures and rote memory and which permits learning to be development of abilities as well as acquisition of knowledge; (b) a close integration of theoretical knowledge with practical experience both in subject matter and in time; (c) the principles of public health and mental health permeate the entire program and are constantly practised by student nurses on the wards; (d) gives a better preparation for undertaking advanced training.

Pursuant to the convention theme a two-hour symposium occupied the afternoon session. The general topic was "Research Plans Now and for the Future." Reports were given on the recent project dealing with Head Nurse Activities, carried out jointly by the Research Division of the Department of National Health and Welfare and the Canadian Nurses' Association. A resolution presented at the last session requested that the nurse research assistant in this study, Mrs. Marion Botsford, direct the preparation of a manual, outlining simple research procedures that would assist and encourage nurses to analyze and deal more effectively with nursing service problems.

EDITH YOUNG *and* MARION BOTSFORD.

Varying the customary pattern, the scrutineer's report was given at the afternoon session and the installation of officers opened the evening session. The only change from the previous biennium was in the third vice-presidency. Alice Girard of Ottawa succeeded Bertha Pullen of Winnipeg.

L'Abbé Arthur Maheux, M.A., D.D., O.B.E., delivered the Mary Agnes Snively Memorial Lecture. Taking as his topic, "National Unity," Dr. Maheux, who is completely bilingual, gave a masterly address in English, speaking from notes written in French! As is the custom, this address will be made available to all through *The Canadian Nurse* this autumn, following which reprints will be provided upon request.

Alice Girard showed her facility in both languages when she most ably thanked the speaker—first in English, then in French.

Regretfully, President Helen McArthur drew the audience's attention to the fact that the Executive Committee had accepted the resignation of our general secretary, Gertrude M. Hall, effective on August 31, 1952. In publicly thanking Miss Hall for her eight years of strenuous activity the president said:

> It is my privilege on behalf of the Canadian Nurses' Association to express gratitude for your unselfish and unstinted service on our behalf.
>
> It is difficult to find adequate words to express our thoughts and appreciation

L'ABBÉ MAHEUX *with the President.*

for all that you have done for the nurses of Canada. Your years as general secretary have been filled with many world changes in the work of the nursing profession and have demanded much vision and courage.

I am certain that it must be a great source of satisfaction to you, as it is to us, to look back over your activities in National Office and to realize that so many progressive things have been accomplished. To enumerate a few of them:

1. The C.N.A. has been incorporated.
2. Wartime grants to nursing education were successfully utilized.
3. A marked increase may be noted in student enrolment in our schools of nursing and also in the number of nurses graduating each year.
4. The development of annual statistical studies of enrolment and withdrawals from schools of nursing has provided a most effective tool for our Canadian schools.
5. The Demonstration School has pointed the way to progressive education in nursing.
6. Membership in the national association has increased markedly.
7. Field visits have done much to develop a greater feeling of unity, have pointed up wider horizons and larger responsibilities for both the provincial and national offices.

You have helped to make us very conscious of the importance of better public relations locally, provincially, nationally, and internationally.

All of these things have come at a time of general world instability. They have at times placed almost crushing burdens on you and your staff. We want you to know that we are cognizant of many of the difficulties you have had to overcome and deeply appreciative of your unfailing zest for what is best for the nurses of Canada.

As you go from National Office to new and different activity in nursing, we would like you to take with you this gift as a token of our sincere and grateful appreciation of the long, arduous and devoted hours of service that you have so freely given on our behalf and for which there is no adequate compensation. Our best wishes will go with you wherever your new work may take you.

Miss McArthur presented Miss Hall with a beautiful, antique, silver tea tray and a cheque on behalf of the Association. The roar of the applause bore tribute to the affection and respect the members of the C.N.A. have for Gertrude Hall.

TRENNA HUNTER, GLADYS SHARPE, *and* EVA BRACKENRIDGE.

FLORENCE EMORY *and* GLADYS SHARPE *in serious discussion.*

FAREWELL TO QUEBEC.

FRIDAY

The last day and already the thinning ranks of the audience indicated that many were leaving for home. After lengthy discussions on the Structure Study during the forenoon, the delegates voted to reserve all action on the points proposed until the biennial meeting in 1954. In the interim, it was earnestly hoped that every nurse would familiarize herself with the changes suggested and help to form opinions in regard to them.

The invitation of the Alberta Association of Registered Nurses to hold the 27th biennial convention in Banff the week of June 7-13, 1954, was greeted with rousing enthusiasm. In concluding her invitation, Frances Ferguson, president of the A.A.R.N., quipped:

> If Fifty-two
> Was a thrill for you,
> There's more in store
> For Fifty-four!

The lure of a vacation in the Canadian Rockies was depicted in a colored film. Shortly, a list of available films of that area for possible use at local nurses' meetings will be made available through the *Journal*.

One of the last events was the presentation of prizes to the winners in the Blue Cross Essay Contest. Happily, the grand prize for English contestants, beautiful luggage, went to a student of the Metropolitan School of Nursing, Windsor—Shirley Heppell. The grand prize for French entries, also luggage, was awarded to Yvonne Levesque, a supervisor with the Montreal Department of Health. Nine travel clocks were presented for the best essay from each of the provinces, excepting Newfoundland, which had entered no essays.

Looking back over the busy week, all were agreed that the fellowship and cooperation such a gathering made possible were excellent. We had worked and played together in surroundings that had seen many momentous conferences. We look forward with eagerness to renewing these many contacts at the next convention. See you in Banff in 1954!

* * *

Editor's Note: MARJORIE BECKWITH of the Sherbrooke (Que.) Hospital took most of the pictures used in this story.

Here are six sun-health rules for everyone:

1. Don't let a hazy day fool you. Clouds do not necessarily stop the sun's burning rays.

2. Apply suntan lotion evenly all over *before* exposure and pay special attention to forehead, cheekbones, nose, chin, shoulders and behind the knees. Some suntan lotions will completely prevent burning.

3. Reapply suntan lotion after each swim; and apply it periodically if you perspire heavily.

4. Watch your timing. Don't try to get your whole summer's tan the first day out or even during the first several days.

5. Use a lip pomade to protect your lips against fever sores, chapping, and cracking.

6. Wear sunglasses. Sun not only makes your eyes red and unattractive but it also drastically reduces night vision and so contributes to many after-dark highway accidents. [It is a sound plan to have sunglasses ground to suit your own prescription if you are one of the thousands who must wear spectacles continuously.]

— *Health*

Allergy and Anaphylaxis

General Principles

C. H. A. WALTON, M.Sc., M.D., F.A.C.P.

(*Continued from the July, 1952, issue*)

IT WAS OBSERVED as long ago as 1910, by Sir Henry Dale and Laidlaw, that when histamine is injected into an animal, the reactions are very similar to and in fact often indistinguishable from those produced by anaphylactic shock. It is now thought that one of the products of the allergic reaction is histamine or some substance very like it. In addition, it is recognized that other substances are also produced and that histamine is not the only or even the most important product of the allergic reaction.

In the case of urticaria and hay fever, histamine appears to be the most prominent agent produced by the allergic reaction. In asthma other substances, probably related or similar to acetyl choline, are produced. If we accept the thesis that diseases such as asthma in man are brought about by specific sensitivity, then we must be able to demonstrate the antigen. This is possible in many instances but not always. The possible agents are innumerable and their recognition is, therefore, not easy. Earlier I mentioned that Blackley and other clinicians had noted that if they scratched their skin with grass pollen an urticarial wheal resulted. When unrelated pollens were scratched into their skin nothing happened. That is, the pollen causing summer catarrh would react specifically by scratch skin test.

Now Blackley's long-neglected observations were suddenly seized upon with great enthusiasm. It was found that many substances which caused allergic reactions in man and in animals would give a specific urticarial reaction when scratched or injected into the skin. On the other hand, skin reactions were often disappointing. Specific skin reactions can be demonstrated in a large proportion of cases where the antigen enters the body through the respiratory tract, that is, by inhalation, but it is very unreliable in other instances. When pollen enters the nose or bronchi it undergoes, in effect, an aqueous extraction. The soluble antigen is absorbed into and through the mucosa and, if this is sensitive, causes hay fever or asthma. The absorbed antigen circulates in the blood and any *sensitive organ* it reaches will also react—as, for example, the skin in atopic dermatitis. Pollen or other inhaled antigen is unchanged as it enters the body.

On the other hand, another important route of entry for allergens is the gastrointestinal tract. In this instance, digestion materially alters the ingested substance so that the antigen is probably a break-down product of the substance originally swallowed. In infancy, such substances as egg and milk albumen have been shown to be absorbed practically unchanged and the whole protein molecule is widely circulated from the gastrointestinal tract. Perhaps this accounts for the common occurrence of eczema due to milk, egg, and wheat in infants. Realizing that the ingestant antigen is probably a product of digestion, it is not surprising that testing the skin with undigested antigen is often useless and, indeed, very misleading.

The real test of specific sensitivity is, of course, the exhibition of the suspected antigen to the patient, preferable directly to his shock organ.

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For example, it is much better to prove that the patient's hay fever is due to pollen by placing pollen in his nose, than by indirect method of skin testing. Yet skin testing is a much nicer procedure from the patient's point of view and is, indeed, often of the greatest help. Skin tests then are useful for studying the possible agents for sensitivity but are not proof of clinical sensitivity. A positive skin test simply means that there are specific antibodies to that antigen in the dermal cells.

If you accept the thesis that a particular disease is due to allergy or specific sensitivity, you must be able to demonstrate that the specific antigen will produce the reaction and, conversely, that when the antigen is not present, no reaction will occur. In man, hypersensitivity is usually manifested by reactions in one organ, although an overwhelming dose may produce general reactions. The reactive tissue is referred to as the *shock organ*. This might be the skin, the nasal mucosa, the bronchi, the gastrointestinal tract, etc. The symptoms obviously vary with the shock organ. Local tissue edema may be evidenced by a hive in urticaria or by nasal obstruction in hay fever. Smooth muscle spasm may cause intestinal cramps or perhaps dysmenorrhea. A very characteristic symptom of the allergic reaction is itching. In the nose this itching is manifested as sneezing, in the lung as coughing, in the bowel perhaps as diarrhea or crampy pain.

The outstanding clinical characteristic of allergy is its periodicity. Asthma commonly occurs in paroxysms with completely free intervals and similarly with other allergic manifestations. The patient who suffers from severe asthmatic dyspnea may be quite symptom-free and without signs when he finally gets an appointment with his doctor. Urticaria may be severe and disfiguring today and entirely absent tomorrow. Obviously, the history of the circumstances surrounding all attacks is of the greatest importance in making an etiological diagnosis. Skin tests may assist but in themselves are not the easy solution that they were once thought or hoped to be.

If one considers the possible routes of entry of an antigen into the body it will aid in the search. Inhalation and ingestion are obvious entry routes. Injection of therapeutic substance, such as liver or insulin, and direct contact with the substance by the skin are other obvious possible routes.

Blackley's grass pollen and Salter's cat dander conceivably could have been swallowed or otherwise entered the body but the most likely route was in the inspired air. Such bodies must, of course, be particles which are suspended in the air. They are air-borne.

Many types of air-borne particles, mostly innocuous, enter our respiratory tract. Some of them are highly antigenic to allergic people. Certain large groups of cases of hay-fever, asthma, and dermatitis are strictly seasonal in their incidence. This, of course, narrows the possible field of antigens. In the growing seasons one naturally thinks of the products of plant and fungus life such as pollen and spores which are air-borne. These obviously vary from place to place and have fairly constant characteristics in any one place. It is obvious that such agents, to cause harm, must enter the body in the inspired air, that is, they must be air-borne. Only air-borne pollen and spores can reach the patient conveniently. These can be determined by suitable botanical and air studies. Many pollens are insect-borne, do not travel as suspended particles in the air and are, therefore, of no importance, generally speaking.

In Manitoba, in the last few days in April, we normally expect such trees as the poplar and the elm to pollinate. Each year these trees pollinate in the same manner. Some years greater quantities of pollen are produced than in others and the dates vary slightly but are amazingly constant. Obviously, then, if a patient is suffering from sensitivity to the pollen of one of these trees, he will manifest his symptoms in that particular season and in no other season,

unless he has, of course, other sensitivities. It will be seen, therefore, that the characteristics of the air-borne particles in any community are important if an accurate diagnosis is to be made. These vary from community to community and the variations account for the fact that the patient who has symptoms in one area may be free in another, not because the climate is different but because the agent to which he is sensitive is not present.

If a patient who is sensitive to poplar or elm pollen has symptoms when those trees are not pollinating, obviously there must be some other cause that should be searched for. There are many other examples of air-borne allergy such as the epidermal dust from furred and feathered animals. In dealing with inhaled allergens, one must, of course, be highly suspicious of the dog, cat or horse or even the canary. Farmers and pet lovers are common victims of animal sensitivity. Domestic dusts such as house dust, tobacco, insecticides, etc., and industrial dusts from grain, seed and fur are obvious factors. Other environmental dusts such as feathers, lint, etc., must be considered and are frequent causes of trouble.

Another great group of allergens is that which is swallowed—the ingestants. This group includes food, drink, and drugs. Any food may cause trouble but those which are eaten earliest in life such as milk, egg, wheat, peas and peanuts, chocolate, etc., are among the most common offenders. When food sensitivity involves seldom eaten foods it is easily recognized. The person who develops hives from the ingestion of shellfish commonly makes his own diagnosis. The patient who has hives from such a commonly eaten food as milk may fail to recognize it. Skin tests are disappointing, for the reasons referred to before. In ingestant cases they are of little or no value. Test diets are necessary and often valuable.

Injected allergens have been referred to and include such obvious therapeutic agents as penicillin, liver, insulin, and others.

At first it was generally believed that only protein could act as an antigen but we now know that certain polysaccharides and even simple chemical substances such as aspirin can act as allergens. It is thought that these simple substances combine in the blood serum with globulin to form *haptens* which are the specific allergens.

I have referred so far only to allergens or antigens which enter the body from without, that is, *extrinsic agents*. It seems highly probable that allergens can also originate from within the body as products of metabolism, foci of infection, etc. These *intrinsic agents* are very difficult to demonstrate convincingly and are less well understood.

If one adopted the principles of allergy and could demonstrate the offending agents in every case the results would be most satisfactory. Indeed, in clinical practice we can, with careful study, do this in about two-thirds of our cases. The other third are otherwise indistinguishable, clinically, but our diagnostic resources fail to demonstrate the specific sensitivities involved. The question has been raised—Does this group represent some mechanism other than allergy or does it simply represent our diagnostic limitations? I think the latter is closer to the truth.

Allergy is common in man and it is now recognized more frequently in animals. Many investigators have tried to estimate the frequency of allergy although this is practically impossible. However, there is reason to believe that 5-10 per cent of our population have more or less severe allergic disabilities. Perhaps as much as 2 per cent suffer from asthma of varying degrees and, of course, it is often unrecognized or confused with some other disease. Such figures cannot be accepted uncritically but they do serve to emphasize the fact that allergic phenomena are very common. These patients are too often neglected in spite of the fact that the phenomenon of hypersensitivity and its manifestations have been know for more than a generation.

At present, we must be able to recognize an allergic state and to treat its manifestations symptomatically. In many cases we can find the offending allergens. When we do so we should attempt to separate the patient from the offending agent. If that is impractical, perhaps we can desensitize him or otherwise protect him from his offenders.

There are many therapeutic measures available for the relief of symptoms due to allergic disease. Symptomatic management is valuable but knowledge of the cause of the disease offers much more fundamental and permanent help.

The phenomenon of hypersensitivity or allergy, as we know it in man, has given us a highly acceptable theory of the cause of certain diseases. In a large number of properly studied cases specific causes of hypersensitivity can be demonstrated. In other cases of the same disease where we fail to make an etiological diagnosis we cannot be excused from the allergic concept because of our failure. There is no demonstrable pathological difference between the allergic person in whom the etiology is known and the allergic person in whom the etiology is not determined. It is useless to say that they are different cases. Until other mechanisms are discovered we must assume that all of these diseases are due to hypersensitivity and continue our effort to demonstrate a cause. Such terms as "non-allergic asthma" seem to me to be untenable. It is true there are many cases in which we cannot show the allergic cause but that simply reflects the limitations of our diagnostic ability. Symptomatic treatment will always be necessary and is highly useful but etiological management is obviously desirable in all cases.

The Prevention of Dermatitis

HELEN CLAIRE HOWES

WHETHER SHE IS doing hospital or private nursing, or public health work, a nurse's job probably compels her to use many harsh substances—disinfectants, alcohols, acids, alkalis, detergents and cleansing agents of many kinds, as well as a scrub brush. These are only a few of the irritants that dry, crack, inflame and damage the skin. Dermatologists state that the incidence of skin diseases due to such irritants is at an all-time high. Occupational dermatitis is costing Canada millions of dollars each year in absenteeism and slow-down of work due to painful hands.

A Montreal specialist blames much of the dermatitis in housewives on their failure to wash off completely the new soap substitutes. Mothers are always being called away from the task at hand by the baby's cry, the telephone or doorbell, drying their hands hastily as they go. This is also true of the nurse whose work is often interrupted by the patient's bell. Layer after layer of the cleanser remains on the skin, drying out the natural oils, destroying the acid mantle (the skin's natural protection) and leaving it a prey to infection.

Dermatitis frequently affects the probationer, particularly the girl who has entered upon her training directly from school or office. Her soft hands have had no chance to harden before they are plunged into a heavy schedule of soap and water work. The development of dermatitis places a heavy strain upon her training period when she is trying to cope with a new kind of life.

Many nurses are desperate with itching, pain, and frustration because of infected hands. A graduate became

a patient of a dermatologist some time after an itching rash developed on hands and arms, following the use of a new detergent when her hands were chapped. The condition kept her awake at night, although she was attending a difficult case during the day and badly needed her rest. When she could get a substitute to take over her patient, the doctor not only treated her hands but assured her that she need have no more trouble with dermatitis.

Within the last few years a new method of hand protection has been devised. Barrier creams have been developed to protect the skin against irritants of all kinds. These creams are coming into common use in all industrial processes, including those in the home, hospitals, beauty parlors, cafeterias, etc. Barrier creams rub into the skin like vanishing cream, forming an elastic screen between the skin and the irritant substance. After giving protection for four or five hours, the cream washes off immediately, leaving the skin soft and healthy.

There are three barrier creams commonly used in Canadian industry: Fend, Ply, and Kerodex. Two Kerodex creams have been designed especially for use in the home. Available in drugstores, one is suitable for dry work, the other for wet work. These creams (and 14 for industrial use) were scientifically formulated in Great Britain before and during the last war. The government sponsored their development when it was necessary to keep healthy hands on the job and their use was compulsory in war plants. After the war, when British women returned to home and baby-tending, they demanded barrier creams to protect their hands against the rigors of housework.

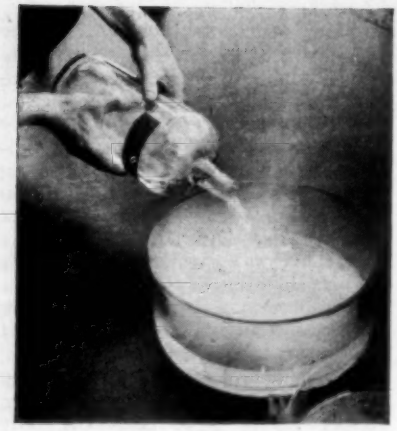
Princess Margaretha of Denmark saw a test of these creams at an exhibit of "Rational Housekeeping" and was so enthusiastic that a demonstration was arranged for Her Majesty, Queen Ingrid, who had a supply sent to Amalienborg Castle. Last year, Denmark's industries used 25 tons of Kerodex industrial creams and they are now shipped throughout the world. They have been available in Canada for a year or so and are being regularly prescribed by leading dermatologists.

The household creams are extending their field of usefulness. Nurses, physiotherapists, barbers, hairdressers, cooks, dishwashers, etc., are enthusiastic about the "invisible gloves" that protect their hands against the tools of their trade—antiseptic solutions, soap shampoos, wave solutions, hair lacquers, dyes, fruit juices, vegetable acids, and so on, which defat and dry the skin, causing skin troubles. In some occupations, rubber gloves have been the only protection up until now but gloves have certain disadvantages. Even the thinnest rubber gloves cannot be worn by workers in some types of occupation. Some individuals cannot wear rubber at any time because of allergy—erythema, urticaria, or eczema. Dr. A. S. P. Mitchell of Newcastle, England, was so allergic to rubber that his career as a surgeon was threatened until he discovered that Kerodex completely protected his hands against the rubber. He now uses it under his rubber gloves and has no more difficulty.

Here is one unusual but very successful use made of Kerodex. Mr. Greig, the chief dispenser of the Brisbane General Hospital, stated that one of their staff had to undergo an abdominal operation. After the operation it was found that the wound would not heal owing to the oozing from the stomach of the gastric juices, which killed the outer skin tissues. Kerodex cream was suggested. With this treatment the wound had shown a remarkable recovery.

A question and answer appeared in *The Practitioner*. The works medical officer of a large factory requested information regarding effective barrier creams for the workers. The reply recommended that the enquirer get into touch with the makers of Kerodex "who appear to be one of the few firms approaching the problem scientifically."

A hospital worker was sensitive to



Hydrochloric acid 30% solution being poured into a bowl into which some zinc metal has been placed.

Hands protected by Kerodex cream are immersed in the acid. Note the zinc metal disintegrating.

procaine—the base of all the non-cocaine local anesthetics. The doctors suggested that barrier creams be used to protect the worker's hands from the procaine.

Kerodex cream has any number of uses around the home and hospital, besides protecting the hands against irritating substances. It forms a perfect screen against dirt and smells. Rubbed into the hands prior to carrying out an unpleasant assignment, the cream seals the pores, hair follicles, nails and cuticle. When it is washed off, the dirt and smells disappear too. An article in the *Canadian Medical Association Journal* advocated the use of Kerodex to protect the skin against poison ivy. In fact, it will protect the hands during any task that damages the skin.

The zinc has been dissolved. The hands are in perfect condition.

Kerodex is bacteriostatic, too, and may be used on any part of the body. Each batch is tested against staphylococcus and typhoid, the bacteria most likely to be carried on and spread by the hands. The cream, therefore, protects food against contamination and, at the same time, protects the hands against irritating food substances and stains. Kerodex should be rubbed over breaks in the skin to prevent any bacteria lurking in the rough spots from infecting the food; it is being used in various institutions to help maintain the sanitary preparation of food. An important characteristic: Kerodex does not affect the food in any way.

Tests carried out at the University of Berne proved that neither brucellosis nor erysipelas organisms could penetrate injured skin if it were protected by Kerodex.

Physicians of the highest repute have been recommending these British barrier creams for years. Canadian specialists state that, if consistently used, Kerodex creams will put an end to dermatitis in almost every industry—and this includes nursing!

Can Industry Assist Nurses' Training?

FREDRICA LYONS

THE MANPOWER shortage in business has its parallel in nursing. To an increasing degree, the profession has too few applicants, too few students in training, and too few graduate nurses. There is an even greater dearth of leaders—superintendents, supervisors, and instructors. Shortages at these levels are evidenced by the "Positions Vacant" page of *The Canadian Nurse.*

The scarcity of new employees in business is caused by an actual shortage which forces enterprises to compete for labor. Nursing also suffers from this competition, for it seldom can equal business in wages, a curtailed working day, and freedom after hours. Nursing suffers further from conditions arising from a tradition of idealism. It has been assumed that nursing is "dedicated" work; and true, in part, it is imperative that the nurse-to-be feel a vocation akin to that of the man or woman who takes religious orders. Since few are wholly consumed by this dedicated spirit, too strict interpretation of this tradition may keep many able, intelligent girls from entering our profession.

Numbers are further reduced by the process of selection. Girls who apply to nursing schools are critically evaluated to make sure that they have good health, sound intelligence, and normal personalities; those who do not are properly rejected. During preliminary training, the school has a further opportunity to evaluate enrollees under actual hospital conditions. At the same time, the student learns whether or not she really wants to be a nurse. The results, inevitably, are a few dismissals and withdrawals.

One might expect losses to stop here, for the student who survives preliminary training has proven her ability and her devotion. She has met the requirements of a rigorous curriculum, has shown her ability to accept discipline, and has discharged increasingly difficult assignments successfully and with pride. Further training develops her abilities and skills and should confirm her in her desire to become and remain a nurse. However, on graduation, as all administrators know, many nurses abandon their profession and take up other work. A still larger number go on nursing and do excellent work but decline to teach or become supervisors. As a result, such appointments sometimes go begging and sometimes are accepted by persons who merely want relief from rotation or dislike bedside nursing.

Since there is no question of knowledge, skill or experience, we must ask whether the reasons for these conditions lie elsewhere. Does training somehow fail to imbue many nurses with lasting devotion to their profession? Does it concentrate on present skills to such an extent that it does not prepare people for new responsibilities which must inevitably accompany advancement? May training, or service following it, even develop attitudes which make responsibility unacceptable?

PARALLEL WITH INDUSTRY

The conditions just reviewed also have their parallels in industry. Many —perhaps most—companies now receive too few applications for jobs and many applicants are rejected because of evident unfitness. Others quit or are dropped during probation and all who remain must be trained. Some trained employees soon go elsewhere; others stay but avoid promotion to supervisory positions. Had remedial measures not been developed, many industries would face paralysis from rapid turnover of labor and lack of supervisory personnel.

This, however, has not happened. Economic pressures are so intense that no company dares to risk even partial paralysis. Industry, moreover, is in the fortunate position of being able to spend money in order

to make money. As personnel problems became acute, alert companies employed teachers, psychologists, and training experts to deal with the situation. The result has been a new philosophy and new methods of training and developing workers. Since they have met and are meeting needs, we may examine them for elements of value to the field of nurse education.

Skeptics may doubt that this is really worthwhile, maintaining that factories and hospitals function on essentially different levels. This objection overlooks two facts. First, the problems of training are human problems and human beings are essentially the same, no matter where we find them. Second, many industrial enterprises observe standards as high, and use methods as exacting, as those of the finest hospitals. This is true in factories that produce optical goods, fine china, high-grade cameras, and precision instruments for research, testing, or warfare. The resemblance is still closer in plants that make drugs, sterile dressings, sutures, and other products for the medical profession. If such companies can develop skilled and enlightened working forces that meet high standards, show initiative, and develop their own supervisors, the methods employed should be of value in the nursing school.

Let us, then, see what is done in a great suture manufacturing laboratory—The Ethicon Suture Laboratories, New Brunswick, New Jersey. This company is an affiliate of Johnson & Johnson Ltd., international makers of surgical dressings and related products. Much of what is said here applies to all branches of the organization, which has some 10,000 employees. The sutures themselves consist of cotton, silk, gut and other materials, each finished to precise specifications for a particular purpose. They are packaged in one large room where standards of cleanliness and accuracy approximate those of a first-class hospital operating room. The packaged sterile sutures are sealed in a room where the air is filtered and irradiated and a slight positive pressure is maintained to prevent contamination by in-drafts. Workers scrub and don sterile clothing before entering this area and use surgical precautions in their work. This room has a bacterial count ranging from 0.7 to 1.5 per exposure of blood agar plates for 30 minutes at various places throughout the room which is substantially below the average for modern operating rooms.

The packaged sutures are inspected visually and physically to detect defects and to make sure that each label agrees with the product. Every sterilizer lot also is tested for sterility by culturing. Containers are stored in locked cabinets until the results of tests are determined. If the cultures are negative, the sutures go into stock for shipment to customers.

This plant is located in a highly industrialized area where it must compete for its share of a labor supply that seldom is adequate. The people who come to it are not dedicated future Nightingales, nor are they prepared to fit themselves for a profession by personal sacrifice. Most of them are untrained women and girls whose primary objectives are good wages, reasonable security, and an opportunity to do useful work. The company can demand only normal intelligence, competence, and the will to earn a living. Employees are free to quit if they feel dissatisfied or if they can get greater rewards elsewhere. In doing so they incur no social or professional stigma.

Such conditions could, but do not, lead to indifference, careless work, and rapid turnover of labor. The work, though repetitious, is done with enthusiasm; though errors cannot be traced to their makers, accuracy is the rule. There is a real sense of obligation to the distant and unseen patient and an active desire for improvement. Each worker in the sealing room understands and strives for surgical asepsis. The group, at its own suggestion, has increased the number of preparatory scrubs from two to three. In an effort to further reduce the bacterial count, workers decided to change garments more

often than was required, though each person must prepare her own bundles of gowns. Resignations and dismissals are few and qualified applicants are ready to fill every vacancy. Both supervisory and teaching skills are developed within the group, in volume to meet requirements. In short, members of this group have raised themselves from the status of workers to that of technicians. In doing so, they have solved problems virtually identical with those that plague the profession of nursing.

Human Engineering

We say that the working group has done this but that is not quite correct. Before workers can do anything, the employer must reach certain understandings and must furnish leadership and guidance. Progress in the suture plant began when executives digested the fact that employees are men and women, with all the needs, abilities, and weaknesses inherent in human beings. Despite infinite complexity, these people respond in predictable patterns when affected by stimuli. Treated one way they become careless, indifferent, or resentful; treated otherwise, they are alert and ambitious, eager to do their present jobs well and to assume new responsibilities. Good management, therefore, becomes a matter of human engineering, which seeks to make the best possible use of human resources, as mechanical engineering makes use of machines, materials, and power.

Here we take care to distinguish between *human* and *efficiency* engineering. The latter is—or was—a technique that treated workers as machines, ignoring such factors as dignity, pride, social impulses, and nervous limitations. The former accepts workers as persons who are to be treated in accordance with the facts of psychology and the principles of Christian ethics. It, therefore, seeks to make them better *people* in order that they may also become better and more responsible *workers*.

When management first approached this problem, it tried to work through foremen. The effort failed because skill and knowledge were lacking, because lines of communication were faulty, and because worker development seemed to threaten the status of supervisors. A training service, therefore, was established to deal directly with workers at the bench as well as to guide and assist the foreman. In effect he was told, "Our biggest job is that of developing a first-rate working force. From here out your standing in the company rises directly with your success in producing able subordinates."

The actual process of worker development involves nine major elements, which may be summarized as follows:

1. Jobs are reviewed and improved to permit the maximum of accomplishment. No one can respect a job on which his efforts are not used to advantage.
2. Workers are shown why their efforts are important to the doctor, the patient, and the company. This gives dignity and significance to even the simplest, most repetitive operation.
3. Workers are encouraged to consider and solve problems. Having done so, they are expected to respond critically to situations rather than to accept them with thoughtless docility. Every worker has a right to know why this or that must be done and to suggest improvements.
4. Lines of communication are extended throughout the organization, to promote unity and understanding.
5. Group loyalties are recognized and encouraged. Everyone works best as a member of a team in whose total accomplishments he can feel pride and satisfaction.
6. When things go wrong or new tasks must be done, management consults with workers. This enhances the dignity and status of the latter, develops community of interest, and enlists cooperation.
7. Workers are free to consult management about difficulties or grievances. An established grievance system gives assurance that problems will be handled promptly and fairly.
8. Discipline concentrates upon essentials but ignores matters of little significance. Workers, therefore, work naturally, at their own rhythms, with a maximum of freedom and good cheer.

At the same time, the supervisor is not forced to become a policeman or martinet.

9. Supervisors deputize responsibilities in order to develop capacity to assume them. Since there is no emotional conflict between workers and supervisors, group loyalties do not interfere with this process. Emphasis on interest and initiative also predisposes workers to accept responsibility.

Behind all this, of course, stands the training service, with its advisers and instructors and its tested methods. They are used to solve occasional problems, to develop skill and understanding among workers, and to increase the ability and knowledge of supervisors. Since this service acts in a staff capacity, however, it neither usurps authority nor breaks lines of communication that extend from work bench to foreman's desk and executive offices.

Application to Hospitals and Training

When we consider the application of nursing techniques in modern hospitals, two facts at once arouse pride. First, the "production job" is well done; patients receive good care, with a very low percentage of errors. Second, the essential principles of human engineering are applied in dealing with those patients. The nurse respects the integrity of each one's personality and realizes that they must establish mutual understanding. She explains procedures, listens to his responses, elicits his cooperation. She releases him from dependence upon her as his need for her help decreases. In short, she helps him solve his problems by sharing her professional competence with him and by developing his self-confidence.

There remain the problems of interest, initiative, and desire for responsibility. How often does the nursing profession reveal dignity and status sufficient to attract adequate numbers of applicants? Do nursing students work within their own group to improve the quality of their service? Is the individual worker free to improve methods, present grievances—whether real or imaginary—and secure explanations that increase her understanding? Is responsibility encouraged? Are group relationships and attitudes such that qualified nurses are ready to accept promotion? Is there not need to apply principles and methods of human engineering?

Most of us have encountered the efficient ward supervisor who maintains a high level of patient care but who feels that the place can't run without her. The proper measure of her failure is the fact that it can't. Such a supervisor has learned to treat patients with respect but feels that it is "soft" to do the same for her staff. She may be unwilling to admit that her own training is deficient, defending herself by denying the capabilities of students whom she supervises. She may feel that any piece of knowledge gained adds to her own stature, which will shrink to nothing if she develops a staff as well informed as herself. She may complain of incompetent aides because she dare not delegate authority to others, lest their status come to rival her own. Such a supervisor inevitably leaves a disorganized ward and bewildered nurses when she departs. She carries the key to the soap supply until the final hour!

The dictatorial supervisor may arouse resentment and stifle initiative but she achieves two significant results. First, she maintains excellent patient care in her ward and, second, she forces her students to apply good principles and practices of nursing. Less, however, can be said for the occasional supervisor whose experience has neither taught her how to secure effective cooperation nor to impose effective discipline. The patients of such a supervisor suffer since she does not maintain high standards of care. Her students suffer because they do inferior work and lose respect for their supervisor. Continual failure, when success is not even an objective, erodes dignity, initiative, and interest.

Human engineering can help both these people by increasing their understanding, by improving their motivation, and by using corrective tech-

niques. Its primary function, however, is creative. In the factory it takes average people and turns them into skilled, responsible technicians who do good work because they want to and are ready to accept advancement. In the nursing school and hospital, surely human engineering can produce results with people with high qualifications who aspire to professional status. By increasing the dignity and satisfactions of the profession, it also will attract more and better applicants to the field. It can develop the abilities of average persons so effectively that they will approach, if not surpass, the performance of today's most able recruits.

This last factor is more important. The nursing profession cannot tolerate poor or mediocre work, which means inferior service to the patient. Since there never are enough superior persons to meet all demands concepts and techniques, which enable others to give superior service, meet an urgent need. Those concepts and techniques may well be the means which will enable nursing to maintain itself as a true profession, on a scale commensurate with ever-increasing demands.

Responsibility and Authority

There remain the closely related problems of responsibility and authority. It is sometimes said that young nurses refuse to become supervisors because they fear to accept the responsibility that goes with promotion. In some measure that is true. Personnel experts who encounter the same difficulty in industry, however, suggest that the trouble generally comes from a situation which sets line workers against supervisors. The former, therefore, cannot accept promotion without feeling disloyal to their group. The latter, aware of this opposition, use their authority in ways which aggravate the situation.

It is axiomatic that today's student nurse is the supervisor or instructor of tomorrow. If her ability to accept responsibility and exercise authority is not developed during the period of training, she will find it hard, indeed, to train and inspire new generations of students. This is most likely to be true if she understands authority only as imposed discipline or if she lowers her standards of service because she is unwilling or unable to assume responsibility for first-rate patient care.

Industrial training departments place great emphasis on ability to exert authority. They point out the essential difference between authority as it can be imposed in military services and that within organizations whose members are free to quit. The former *may* be dictatorial, though it apparently loses effectiveness when it is. The latter *must* be an authority of leadership which is accepted willingly and even shared by the rank and file, as is the leadership which causes suture workers to raise their standards and improve their methods.

Throughout human institutions, the traditional method has been that of imposed authority. In hospitals such authority was supported by the need for accuracy and by the doctor's over-all responsibility. Most nurses, therefore, have been subjected to the method of solving problems by decree. It works in emergencies; at other times it may be flouted because the worker does not understand the need or because the decreed solution does not solve the problem. The method is weakest when an emergency arises and the proper person is not at hand to issue an appropriate decree. At such a time there is urgent need for the understanding and initiative developed when problems are solved at the group level.

Conclusion

We conclude, therefore, that nurses' training can apply principles and methods of human engineering, using them to solve problems of recruitment, rapid turnover, supervision, and maintenance of professional service. All this, of course, means a transfer of understandings and skills from industry to hospitals. How can that be done?

The simplest method, for hospitals and training schools located in indus-

trial areas, is to request assistance from corporations with modern personnel departments. Most industrial organizations will gladly give counsel and guidance and some will provide training in methods.

Institutions far removed from industrial centres may send superintendents, teachers or supervisors to visit personnel departments and observe their methods. Thus persons responsible for the training of nurses may gain information and take it home, there to be adapted to the local training situation.

Those who can neither call in help nor visit industrial plants will find a wealth of publications to guide them. A few of these are mentioned at the end of this article.

Though hospitals do not attempt to make profit, they must live within their incomes. This means a constant effort to do more, to give better service, without unduly increasing the cost per patient day. Similarly, industry strives to turn out more and better products without increasing their cost and without the losses that come from an indifferent working force. On both counts, human engineering has shown its value. In the words of one business leader who has had close contact with the medical and nursing profession:

> Although there still are a few skeptics, the record proves that modern personnel methods . . . reduce costs per unit of product, which is the business equivalent of the hospitals' patient day. There is no reason to believe that these same methods will be less successful in hospitals.

Aids and References

There is no published list of corporations with well-staffed training departments. They may be discovered by local enquiry or by writing Mr. Leo Charlevois of the Canadian Industrial Training Directors Association, 4190 St. Ambroise St., Montreal 30. Helpful books and magazine articles include:

Human Relations in Modern Business. Prentiss-Hall, New York. 1949.

Johnson, R. W. Or Forfeit Freedom. Doubleday, New York. 1947.

Johnson, R. W. On the Human Side of Hospitals. *The Modern Hospital*, Vol. 72, pp. 55-57, Feb. 1949.

Planty, E. G., W. S. McCord, and C. A. Efferson. Training Employees and Managers for Production and Teamwork. Ronald, New York. 1948.

Selekman, B. M. Labor Relations and Human Relations. McGraw-Hill. 1947.

Orientation of Students

Sylvia Nott

It is wise to think that the success or failure of a student nurse quite frequently may be due to her inability to orient herself properly when entering a school of nursing. Our school of nursing has an orientation period during which the prospective student is made acquainted with her new home and the institution in which she is to work and with the personnel of her school and hospital. The students who have already passed this preliminary stage are always very interested in welcoming the new class. They visit the girls and try to help them feel at home.

The staff fully realizes the adjustments which must be made by the individual student when she enters the nursing field and we do our best to help her adjust herself to the new life. On first entering the school the students are met by the house mother and she shows them around the residence. The next day and continuing during the week, our director of nurses

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meets the students and gives them brief talks on nursing and the nursing standards which our school tries to uphold. The various regulations are discussed and the students are given the names of the numerous individuals on the administrative staff, including the supervisors on the several floors of the hospital.

The day following entrance, lectures are started in nursing theory, anatomy, and history of nursing. The instructors take an hour each day interviewing students and thus establishing good rapport. We want the students to feel that we are interested in them not only as a group but as individuals. One advantage in interviewing each student is that we can get an insight into her emotional stability which helps us later as we observe her progress. If necessary we can call on the aid of a psychiatrist whose services are available at any time. However, this department is not used unless it seems imperative. We know that if the occasion arises when a student needs advice, it is always available.

The second day a tour of the hospital is arranged, guided by the nursing arts instructor. At a later date we try to take the new students on another tour of the hospital when they will be able to integrate their observations with their learning experiences.

The physical examinations are also done during the first week. Inoculations for diphtheria, typhoid, scarlet fever, and a recent vaccination against smallpox have been completed before entrance. The students bring with them a permission slip, signed by their parents, for BCG vaccine. The procedure of patch-testing is carried out during the week and, if necessary, a Mantoux test. If BCG is indicated, it is administered immediately. After a period of one month, the students are again patch-tested. A miniature chest x-ray is also taken of each student and this is repeated every six months.

Approximately the fifth or sixth day after entrance, the Students' Association holds a mass meeting. The constitution and by-laws are discussed, the purpose of the Students' Association is explained, and the new students are welcomed by all. Any questions as to the residence rules are further explained if necessary. It is arranged that the class immediately senior to the new preliminary group entertains them with a party or a dance.

At the present time we are experimenting with a new idea. I believe that the students should have activities other than nursing to occupy their minds when off duty. I realize that this principle is stressed in all schools but what is done about it? If the students are unable to spend money freely in theatres or restaurants, if they have few friends in the city, what is available in many schools for their recreation? I have suggested a Variety Show. So far it has proved very successful and the students thoroughly enjoy themselves. This show helps to bring out hidden talents, for each individual must take a part. Another objective is to help create a strong class unity, cooperation with each other, and a sense of belonging to a group (other than nursing). There are many more advantages, especially for the ones lacking self-confidence. It is very easy for a group once they are out of the classroom to form cliques which would be antagonistic to unity and good fellowship.

We usually discuss the type of Variety Show during the latter part of the first few weeks and gradually add to the program, with the whole show presented to the staff of the hospital and outside friends about a month and a half later. The money we receive from the Variety Show is put toward some project which the preliminary students have planned. If no immediate suggestions are available we put it into the Students' Association fund.

For most classes a Capping Ceremony is held and many of the students and graduates are present as well as relatives of the preliminary students. The president of the Students' Association lights the candle of each new student after she receives her cap.

It is a simple yet impressive ceremony that we hope means much to the new group. The previous evening New Testaments are presented by the Gideon Society to all who care to have them. This school is connected with a hospital which is kept up by taxation of the people of the province, thus there are students of all creeds. They are encouraged to keep up the religious beliefs of their own family.

If no special Capping Ceremony is held, a tea for the preliminary students is given on a Sunday afternoon at the end of the five-month period. The parents of the students are invited. This gives them the opportunity to meet the administrative and teaching staff of the school, as well as to become acquainted with their daughters' associates.

In conclusion I would like to add that schools of nursing cannot give too much assistance in orienting the students to their new environment. The step from high school life to nursing in most instances is very wide. It is our duty and privilege to keep this before us when helping the new students to become adjusted.

Making a Counselling Program Work

JEAN WHITEFORD

A RECENT BOOK on personnel work in schools of nursing has expressed the purpose of counselling and guidance to be: "Individualization of education toward the maximum development of each student."

To achieve this objective in schools of nursing, it is necessary to accept the student where she is in her maturing process; know her interests, aptitudes, and skills, her level of intelligence, her background, as well as her social and emotional adjustments. To counsel a student adequately, the interrelationship of each of these factors is necessary.

Society has entrusted the moulding and developing of these young lives to the faculty of the school of nursing and it is their responsibility to guide and stimulate each student in her own pattern.

Counselling and guidance is as old as the nursing profession. You all remember someone who made your training less painful by her kindness. You have done the same to others. This is a form of counselling, and a very valuable form, but it is not sufficiently far-reaching. This method does not reach the shy, retiring student. It does not reach the student who does not realize she has a problem and it does not always use all the tools at our command, such as scientific knowledge of human behavior, testing, and measurements.

In using these instruments, we will reduce bias and prejudices in our thinking and will instead accumulate all available information so that each fits together to make a composite picture of this individual whom we hope to help.

In our complex school program extreme demands are made on our nurses—both students and staff. Therefore, more organization is necessary in our counselling program. It cannot be left to chance or accidental contact. Counselling is really a form of teaching. The senior member assists the junior member to gain insight into a situation.

No other field open to a young girl presents as many problems of adjustment as does nursing. She has constantly changing situations—the classroom, the laboratory, the hospital with its emotional problems. Residence living may be a very pleasant experience to most students but for the girl who has had her own room

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and has been dependent on her mother during her entire development, the adjustment may be quite difficult.

The counsellor should never force her services on the student but she should be available. The best counselling is always done when the need is felt by the student and when she comes of her own accord. The growth then is from within and insight into the problem is gained earlier and is more permanent.

Where Should Counselling Start?

At the mother's knee and all through a girl's life. Before she enters high school, special emphasis should be placed on counselling. If this is done her course of studies is chosen in relation to her goal. Every girl is more highly motivated if her goal is set. She will be better prepared to make her adjustment into the school of nursing and we would hope that the comment—"I had no idea we would have to study so hard"—might be heard less frequently. This could be achieved by:

1. A close working relationship between the public, private, and high school counsellors and the school of nursing counsellor. They might meet once or twice a year to discuss latest trends in education and nursing.
2. The school counsellors should be kept supplied with school of nursing calendars.
3. Well planned excursions to hospitals are helpful.
4. Films and lectures by well informed nurses who are active in their profession rather than a nurse in the community who has been away from active duty for maybe 20 years.

This enables the high school counsellor to work with the students toward what appears to be their goal.

Pre-entrance Planning

In some large schools of nursing, the counsellor interviews the applicants, eliminates the obviously unsuitable persons, and submits the remaining group with their credentials to the director of nursing. In other schools the superintendent of nurses reviews all applications. The applicants who meet the requirements scholastically have a personal interview with her, have their physical examination, and eventually an interview with the counsellor.

This interview can be most valuable in assisting the applicant to formulate her ideas of the school, the residence, the Big Sister Organization, the health services, and the hospital. A short tour may be possible to arrange. The better informed the student is beforehand the less adjustment she will have to make when she enters training. This interview also provides the counsellor with an opportunity to establish a good relationship with the student and is the first step in the attempt to try to understand her behavior.

The superintendent of nurses and the counsellor are able to confer and to weigh all the data in the cumulative record before deciding as to the advisability of some students entering the school.

Analytical tools for appraisal of students include the following:

Autobiography and application blank.
Interview and record of interview.
Anecdotal record.
Cumulative record of tests.
Health record.
High school record.
Previous work record.
Recommendations.

It is preferable to have suitable tests given before the student enters the school or during the orientation period. A good many high schools at the present time give them. The tests most commonly used are:

1. The A.C.E.
2. The arithmetic test.
3. Reading tests and probably a vocabulary test.
4. Personality tests.
5. Interest tests.

Too much emphasis can be placed on tests. They only show us part of the picture. The best illustration is the highly motivated student who succeeds in spite of her low mental age on intelligence tests.

Big Sisters

The next step in the pre-entrance planning is the Big Sister Organization. Considerable responsibility may be given the senior who is a Big Sister. This can be a developing process for the senior as well as the preliminary student. The Big Sister must be carefully oriented as to her responsibilities to the student and to the school, her opportunities for assisting the student, and the demands which will be made on her.

To individualize this experience, an interview with the Big Sister is advisable. The Little Sister's interests, past achievements, and talents may be discussed, using discretion, of course. In the school where I am employed, the demands made on the Big Sisters have been increased considerably and the response has been most gratifying. More and more frequently we find that the seniors will be the first to detect a problem and will bring it to the counsellor.

In communities where there is a university graduate school, students taking psychology are sometimes employed as counsellors and receive room and board in return for their counselling services. They take the place of the Big Sister to some extent.

The Orientation Period

We must remember that the student entering our schools of nursing has reached a stage in her social and educational development when she feels the need to understand the reasons for everything and has an overly active curiosity. The first few days of her time in the school require careful planning, to introduce her slowly and thoroughly but also to keep her busy and interested. She should be introduced to the faculty, student body, residence living, rules and regulations as well as the guiding principles of nursing.

As we are hoping to develop in our students good judgment, a sense of values in life, an understanding of her professional obligations, she must have considerable latitude in the hours she keeps and her choice of recreation. This may be done under guidance and this freedom will give the faculty of the school an opportunity to know where counselling is required.

Interviewing

Early in the student's training the counsellor should allow time for the student to discuss her health record, her posture silhouette, any problems in relation to her home or her adjustment to the school. The counsellor should prepare for this interview, review the cumulative data, and be prepared to assist the student in any area where there may be a difficulty. All interviews should be as informal as possible. Except for the yearly pre-physical interview, the succeeding contacts should be left to the desire of the student if possible.

There are many reasons why students come to the counsellor for assistance. The obvious problem is frequently not the underlying difficulty. Frustration causing tension, home worries, health, personal adjustment, finances, lack of goal, or goal set too high are the most common problems.

The student may be confused, frustrated or just discouraged. She may need simply a word of encouragement or "just to talk"—which is called a mental catharsis in personnel jargon. A person of experience may be able to lay before the student several lines of procedure and let her make a choice. If necessary, the counsellor should spend hours helping one student. The aim is to assist her to gain insight through cooperative planning.

One of the mistakes we, as nurse counsellors, frequently make is that *we are better conversationalists than listeners*. We should start where the student is in her thinking and unless we listen we will not know where she is. We will attempt to superimpose ideas in soil that is unprepared.

The student needs to see the problem in all its implications before it can be corrected permanently. This may take several interviews. As Dr. Gilbert Wren states: "If a student leaves a counsellor's office not wanting to improve the condition, then

the counsellor has failed." Phoebe Gordon has said that:

> A student personnel program can never be carried solely by a counsellor or personnel specialist. It is in the daily personal associations with members of the staff that the student forms desirable habits of adjustment. When instructors and supervisors incorporate personnel policies into their relationships with students, the result is not only greater student satisfaction but also increases efficiency in nursing service.

From the time the candidate applies until the scholarship awards are given and the student graduates, the superintendent of nurses and the counsellor work together in an attempt to gain insight into the student's behavior, so that any guidance given is the wisest choice.

The counsellor works with the educational director and instructors to detect difficulties in embryo. It is only when there is a close working relationship that success is attained in assisting the student.

Before this may be achieved each member of the faculty must know the purpose of the counselling and guidance service, must understand and know how to interpret tests and, what is more important, be able to interpret human behavior. Otherwise they can do the student a gross injustice. An excellent illustration of this point is the case of Gertrude in the book, "A Lamp is Heavy," by Sheila MacKay Russell.

Psychiatric referral may be used. In the school where I am employed this service is used very freely as an adjunct to the counselling program.

According to the Canadian Nurses' Association statistics, 20 per cent of the students entering a school of nursing do not complete their training. This is very expensive in student time, in faculty time, and in dollars and cents to the hospital. What is even more important, what is that failure going to do to that student? Do we analyze our failures? Failure in work, dislike of nursing, and health take the highest toll.

Failure in work may be based on emotional and social maladjustment, home problems, health or sometimes quite minor situations. Have we as a faculty failed to reach the student, motivate her, or help her in her many adjustments?

How can we reach the student? Only when we take the time to know her family background, her family relations, her environments, the history of father and mother, their religious beliefs, their successes and failures, can we begin to see how they affect the life of this student. An understanding of behavior patterns is essential for every member of the faculty so she will recognize the fact that a student is having a problem.

It is impossible to estimate what percentage of scholastic failures are due to emotional maladjustment. Until we have been objective in our teaching and our association with students, we have failed as well as the student.

The head nurse and the counsellor can work very closely together in assisting the student to adjust to the hospital situation. The counsellor can help the head nurse to do counselling on the job. This is probably one of the most effective and less obvious methods of counselling and unconscious teaching.

The infirmary medical and nursing staff must of necessity work hand in hand with the counsellor in helping the student retain her standard of health. A periodic analysis of the health of the school is necessary to protect the student and evaluate the service.

The class sponsors can also assist the counselling program by cooperating with this service.

The residence director and the counsellor work together from the pre-entrance allocation of rooms until graduation.

The counsellor should take an active part in community life. She should know the community recreational facilities available for her students. She should know the communities where the students come from so that she may understand their racial, religious, and national problems of adjustment.

She should have a close contact with the National Selective Service and know vocations available for students who resign.

She should have a contact with clergymen and possibly refer all preliminary students to the church of their choice.

Whether the counsellor is attached to the education department or the service department of the hospital, her duties necessitate working with both departments. She may be a full-time or a part-time counsellor. Whether it is a large school or small one, the principles are the same. Her office should be in a very accessible location and preferably where the student can drop in without her actions being too obvious.

World-Wide Nursing

GLADYS J. SHARPE

IT WAS A rare privilege to have the opportunity to be a part of the WHO Working Conference on Nursing Education in Geneva, Switzerland, March 24 to April 5.

Our meetings were held in the second largest building in Europe, the Palais des Nations, originally built for the League of Nations but today housing the European offices of the United Nations and those of the World Health Organization. On a clear day the terraces surrounding the Palais afford a series of breath-taking views of the Savoy Alps, including Mont Blanc and the Lake of Geneva. The painting which decorates the ceiling of the impressive Council Chambers shows five hands grasping each other, symbolic of the unity of the five continents. Murals illustrate the efforts of man to overcome various obstacles in the path of progress. These symbols seemed particularly significant to the members of the conferences on Nursing Education in that our deliberations were representative of nine countries and three continents—part of the over-all effort of WHO to overcome these obstacles which stand in the way of progress toward the "attainment by all people of the highest possible level of health."

Several weeks prior to meeting, the members were briefed regarding the purpose, the participants, and the objectives of the conference and were furnished with a carefully selected bibliography.

The working conference was planned in order to give consideration to certain aspects of nursing education which the Expert Committee on Nursing agreed were fundamental, namely, "to review basic educational programs to ensure that they are preparing nurses for the continuous evolution of modern health work"; "the provision of financial aid to ensure an adequate budget and educational status for schools of nursing."

The stated objectives of the conference were as follows:

1. To have presented for group consideration some of the new programs of nursing education that are being developed in relation to the needs of an individual country.

2. To consider ways of stimulating further experimentation and research in nursing education on the part of different countries.

3. To explore with specialists in other fields—e.g., general education, social sciences, and hospital administration—the present-day problems in nursing education and to consider how their specific knowledge and techniques may be applied in nursing education.

4. To produce from the thinking and experience of this conference, some guides for future conferences to be held on regional and national bases.

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5. To help nursing leaders gain a deeper insight into the problems of nursing education of the different countries so that wider consideration may be given to these problems by the nursing profession as a whole.

Participants included nursing educators from the following nine widely separated countries: Brazil, Finland, France, India, Switzerland, United Kingdom, United States, Yugoslavia, and Canada; also representatives from general education, the social sciences, and hospital administration. Present as observers were Miss Ellen Broe, director of the Florence Nightingale International Foundation, and Miss Yvonne Hentsch, director of the Nursing and Social Service Bureau, League of Red Cross Societies.

The spirit and methods used in the conference could be summarized in the words, "Involvement of participants." At no time was the agenda so fixed or the leader so inflexible as not to permit and encourage discussion concerning the problems of the participants. At the conclusion of each day a small committee prepared a summary of the deliberations and on the following morning each member received a typed report. By this method of recording, the members were relieved of the necessity for note-taking and the incoming chairman was expected to proceed from that point.

During the first day we concerned ourselves with the problems of the participants and agreed that subsequent discussion should centre around the kind of nurse that the world needs. With a changing emphasis in the health program in many parts of the world, the contributions of Dr. Cora DuBois and Professor Carson Ryan were particularly helpful in giving us an understanding of social patterns and cultural factors which determine the need for, and the acceptance of, nursing assistance. It was agreed that the kind of professional nurse needed in all parts of the world is one who is prepared through general and professional education within her social structure to share as a member of the health team in the care of the sick, the prevention of disease, and the promotion of health.

With our goal established it was decided that ways and means must be sought if the goal was to be attained. This carried us into a consideration of aims, objectives, and methods most appropriate to such a goal. There was unanimity of opinion that, whatever the educational pattern, it must be "patient centred," that procedures should not be taught as such but rather their application in nursing care to meet the physical, psychological, and social needs of the patient. "The student should not be taught to give a bed bath—she should be taught to bathe a patient."

In view of the need in many countries for the nurse who can function in the four main areas of medicine, surgery, obstetrics, and pediatrics, and also in the fields of communicable diseases, psychiatric nursing and public health, it was considered important that her preparation be a generalized one.

The discussion which centred around the type of school best suited to carrying out nursing education was highly enlightening. Those relatively unfamiliar with the completely independent schools of Europe were interested to learn from their directors of the difficulties encountered in securing adequate clinical experience to provide for the educational needs of their students, while in turn the directors of hospital schools pointed out the problem of controlling the nursing service requirements of the clinical field in terms of the students' educational needs! The limitations and strengths of each were set forth and, while unanimity of opinion as to which type of school functions most successfully was not achieved, there was complete agreement in respect to the following basic principles:

1. That the school should be administered by an educational body.

2. That it should have financial independence.

3. That it should have a clear agreement with the hospitals and other community organizations as to responsibility for education and service.

I know of no better way to convey the import of this conference than by quoting the following personal message from Dr. Brock Chisholm, director-general, to each new member of the Secretariat:

> We must think and act in terms of mankind as a whole. We must be ready to give up old ideas, certainties, and devotions in order to place the welfare of all people everywhere on the same level of values, regardless of where on this little earth one happens to have been born himself. In other words, we must try to attain an equal degree of loyalty to all members of the world community, irrespective of race, religion, and color, and any other group characteristics.
>
> This does not mean that you will be asked to change those political, economic, social, or religious ideas which you consider the best for yourself or your country. But it does mean that in order to discharge your role in this Organization you must acquire an objective view of the differences between the people of the world. You must realize that the various economic, social, religious systems under which the different nations live are various types of experiments, neither inferior nor superior to each other, and all thoroughly explained by the historical conditions which created them.
>
> And you must never forget that each of these nations has an equal right to take advantage of the facilities made available by our Organization for the "attainment by all people of the highest possible level of health."

Canada may well be proud of Dr. Brock Chisholm just as Canadian nurses are of "our" Lyle Creelman.

In the Good Old Days

(*The Canadian Nurse*—AUGUST 1912)

"Transfusion of normal saline solution is one of the most valuable remedies we have in the treatment of shock. This may be continuous or repeated as often as is required. All the apparatus required is an aspirator needle in transverse section of its burners attached to three feet of rubber tubing, with a glass funnel reservoir, sterilized by boiling, and the saline injected into the subcutaneous tissues of the thigh or axilla. Normal saline may be injected alone or either adrenalin, brandy or glucose added to it."

* * *

"Tubercular joints are an extremely common condition in children. They should all be treated by absolute rest—i.e., fixation of the joint. When the spine or hip is affected, the child should be tied down on his back to a canvas frame made for the purpose."

* * *

"Having an inside view of nursing and realizing its tremendous significance in the national life, I have very decided views on the subject. One thing I deplore—that the spirit of commercialism is nowhere more apparent than in the nursing profession. I regret that the perfection of the work is less considered than the remuneration which comes after the drudgery of the training school. I admit that in every profession where a person expects to gain a living the primary objective is a monetary one. But nursing calls for more than a desire to make $25 a week. A deep compassion for the ailing and an earnest effort to aid not only the patient but to be helpful to the entire family should be an impelling force. I regret to say that nurses who are so inspired are the exception and not the rule."

* * *

"Miss Helen Randal, graduate of Royal Victoria Hospital, Montreal, has been chosen to act as Lady Superintendent of the Vancouver General Hospital."

* * *

"The Ladies Board of the Collingwood (Ont.) Hospital, realizing that the whole work of a hospital does not consist alone in caring for the patients within its walls, but must reach out to help those who, while needing nursing care, for various reasons are compelled to remain at home, resolved at their last meeting that each nurse in training during her senior year shall serve a term of two months in district nursing under the supervision and direction of the superintendent and medical staff of the hospital."

Patients Forget and Records Remember

SISTER G. BELIVEAU, S.G.M.

"THIS APPROPRIATE PHRASE, quoted from Mrs. Hoffman in her manual for Medical Record Librarians, expresses very well the value of a complete and accurate medical record. It is a report written in sequence of events, containing sufficient data to justify the diagnosis and warrant the treatment to patients. Thus, it contains not only what has happened while the patient was in hospital but also a history of his past life as it refers to his present illness. It is, therefore, a document containing information which unauthorized persons should not see. Used properly, it fulfils many demands and it is of very definite value to the patient, to the doctor, to the hospital and, finally, to medical research.

Above all, for the hospital, *the patient* is the primary consideration. Let us consider the use of the medical record as it pertains to him. To begin with a record with a full history, complete physical examination, results of tests, accurate observations in the progress notes and with the nurses' notes well recorded, will lead to a correct diagnosis more quickly and save the patient discomfort, time, and money. It is evident that in a future illness, time and money may again be saved if this past information is readily available. Or, it is possible that, brought to the emergency department, the information from the medical record may save a life. Also, from a medico-legal point of view, the disposition of a case in court may depend entirely on the accurate data recorded. The medico-legal aspect of the use of the record is one of the most perplexing of problems, so that all parties—patients, physician, and hospital—are "protected."

To *the physician*, the record has several uses. From day to day a medical record will provide him with all the detailed findings such as progress notes, nurses' notes, results of treatments, tests, etc., to ascertain the progress of his patient. Many of his orders will be based on these facts and his diagnosis may be arrived at more quickly. In case of future illness of the patient, the physician is able to begin treatment more promptly; to save expense and discomfort to his patient by consulting at once the previous record. Furthermore, the patient may not remember details of his past illness but he surely will remember the hospital he was confined to and approximately when he was in so that a summary of his record may be obtained.

The record is an instructor in itself for the physician. The writing of histories is a *must* in the clinical teaching. The students and nurses receive better clinical experience in hospitals where excellent medical records are kept.

By reviewing records occasionally, the doctor is able to estimate the results. By studying all the records of a disease or condition in which he is interested, he is able, first, to attain knowledge; second, to possibly aid a patient in the future with better care; or he may find that a procedure that has been carried on for years will be no longer necessary or useful.

To the physician, too, the record is of use in a medico-legal case, perhaps, to show all that could be done for the patient or possibly what he might be giving on behalf of his patient. In any case, a deficiency in the record could be very embarrassing.

The record is used by *the hospital*. Sufficient and reliable information taken from the medical records is required for the intelligent and successful operation of the hospital. It is a known fact that the efficiency of a hospital is measured by the end results

Sister Beliveau is record librarian at St. Paul's Hospital, Saskatoon, Sask.

of its staff. The monthly analysis reveals the quantity and quality of the work done on the different services and in the various departments. By means of this procedure, mistakes may be corrected, weaknesses discovered, outstanding qualities noted and thus serve as a means of improving the care of the patient and the reputation of the hospital.

Finally, the record used for *research* is not regarded primarily as the medical record of any individual but as a report involving the study of a disease or a group of diseases. It is also used in compiling general statistics of results obtained in the use of certain drugs, in the outcome of types of surgical procedure, post-operative care, dietary treatments, etc. They are the basis from which new medical procedures are accepted and on which further research and study proceeds. One physician might treat several cases of a very rare condition but, unless accurate and complete medical records have been kept for all, he will be unable to estimate the results of treatment, draw conclusions, and contribute to medical research.

Medical records should not be written to merely comply with a rule of the hospital or as a mere routinism. They should be written for their scientific value through which the patient gets better care, the physician increases his clinical knowledge, and the cause of medical science is aided.

Dr. Malcolm MacEachern in his manual for Medical Record Libraries states:

> It may become an irksome duty for the busy physician, surgeon, and other members of the medical staff to provide the desired information for the medical record, if he has not an adequate appreciation of the part such records are playing in the progress of the art and science of healing.
>
> Medical records need no justification—they have amply justified themselves in private practice and in every modern hospital but there is a need for more inspiration in their compilation.

The record librarian sees all the details and importance of having complete records. She must always bear in mind that she is participating in the actual care of the patient who benefits so distinctly by the keeping of accurate medical records and she must also endeavor to maintain pleasant relations with the nursing staff whose cooperation obtains from the busy doctor his signature on the orders and reports while the patient is her responsibility.

Korea

The Executive Secretary of the International Council of Nurses has received a personal letter from Miss Susan Haines, now working on behalf of the Nursing Services in Korea, under the sponsorship of UNKRA (United Nations Korean Reconstruction Agency).

There is desperate need in Korea for assistance in building up schools of nursing, in re-equipping hospitals, and in supplying food, clothing, and other necessities to nurses who are carrying on courageously under conditions which are almost indescribably difficult. Simple, *well illustrated* textbooks are urgently needed. If any association or nursing groups feel able to help, Miss Haines would be the best "distributing centre," for she knows where the greatest needs lie. Her address is as follows: **Miss Susan Haines, UNKRA, B.A.P.O. 3, Pusan, Korea.**

Dishwashing in public eating places should be a very thorough operation that not only cleanses but also sterilizes all tableware. Chipped or cracked crockery makes a harbor for bacteria and is not safe for use. Patrons who find unsanitary conditions in any restaurant should notify the local health department so that the public may be protected.

Public Health Nursing

Recent Developments in Public Health Nursing

HELEN M. CARPENTER

IN 1948 A Study Committee on Public Health Practice was set up by the Canadian Public Health Association. Its purpose was "to study the public health practice of the physician and nurses in official health agencies in Canada and see what bearing these practices have on the recruitment and maintenance of public health staffs."[1] As the contribution of the voluntary agencies relate so closely to that of the official, the committee extended its study to include observation concerning related public health nursing agencies. The report of the Study Committee was published in June, 1950.

The Public Health Nursing Committee of the Canadian Nurses' Association undertook, during this biennium, to stimulate interest in this study. In order to ascertain if progress has been made in aspects of public health nursing discussed in the Report, a question sheet was distributed in January, 1952, to supervisors in representative official and voluntary health agencies across Canada. Thirty-six replies have been summarized: 11 from visiting nursing associations, 20 from official agencies, and 5 from specialized services. Three of the replies represented the official nursing services of entire provinces. A special word of thanks is extended to the busy supervisors for their assistance.

It was recognized by the committee that it was only possible to secure some statistical data relative to personnel policies and practices and the opinion of the supervisors concerning developments. However, the opinions expressed represent the judgment of experienced supervisors engaged in the administration of nursing services. Certain trends are of interest.

The most encouraging note was that in all but one reply the supervisors expressed the opinion that progress is being made. Instances were cited to indicate that services have been extended and improved. The following were some of the opinions expressed by the supervisors:

> Nurses are better prepared for their work and have greater understanding of the significance of the family as the unit for service. In some agencies there is better provision for office accommodation and transportation. Some speak of more effective interpretation of the work to the public, resulting in better use of the service. Examples were given of improvement in ancillary services, such as mental health and child guidance clinics, resources for crippled children and other clinic services, all of which augment the nurses' work.

Services: All except five of the reports summarized indicated that services were generalized. Three of the specialized services were under official auspices and two under voluntary. There appears to be increasing emphasis on the family and service to expectant mothers, infants, and preschool children. Less emphasis seems to be placed on elementary school service and more on secondary school work. Two of the official agencies reported the inclusion of bedside nursing in their programs—one on a demonstration basis except in two rural areas where the bedside nursing needs are more fully met; the other an extensive service in an area where

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Miss Carpenter was re-elected chairman of the Public Health Nursing Committee, C.N.A., for 1952-54 biennium.

there are no hospitals or doctors. Visiting nursing associations mentioned extension of nursing service as a result of certain trends in treatment and pressure to reduce periods of hospitalization.

Volunteers and clerical workers: Volunteers were used by 15 of the agencies and 3 suggested that more could be used if they were available. The ratio of clerks to nurses averaged 1:6. Several supervisors expressed a need for more clerical help and felt the addition of this type of staff would assist the nurses to do a more effective piece of work.

Nursing personnel: One-third of the agencies reported vacancies in nursing staff. All but nine of the agencies employ nurses without public health preparation to fill these vacancies. Thirty per cent of the nurses employed did not have preparation in public health.[2] Four reports indicate the use of nursing assistants; the qualification of this group of workers was not specified.

Salaries: It was apparent that many of the agencies are having difficulty meeting current wage trends. Salaries quoted were at 1951 levels. They appear to be low.[3] There was frequently the absence of a range or a very limited range. In several agencies, nurses without public health preparation receive the same salary as those with this added preparation. In some the maximum salary for both groups is the same. The median salaries reported are shown herewith.

	Minimum	*Maximum*
Graduate nurses	$1,452 – $2,484	$1,715 – $3,600
Public health nurses	1,700 – 2,713	1,960 – 3,132
Supervisors	2,046 – 3,400	2,400 – 3,800

Cost of Living Bonuses are not included.

Pension plans: Thirty-four of the 36 supervisors reported that the staff participates in pension plans. The almost universal comment concerning these was that they are not transferable. In some instances it was observed that the benefits do not adequately relate to cost of living.

Uniforms: Nurses in 27 of the 36 agencies wear uniforms. In five of these the uniform is optional or is worn for selected services.

Preparation: The following were the most frequently mentioned needs for additional preparation of public health nurses:

1. Improved content in mental health.
2. Better preparation for public speaking.
3. Knowledge of case work skills.
4. Knowledge of normal growth and development.
5. Additional preparation for teaching.
6. Better preparation for recording.
7. Supplementary preparation in tuberculosis.

Staff and student education: Staff education seems to be an accepted practice in the public health agencies. On the whole the agencies meet the requests for student field practice. In some instances inadequacies of staff limit the student work.

Problems: The supervisors were asked to comment on their most pressing problems. Outstanding among these was inadequate staff, in numbers and in preparation, and high rate of turnover. Inadequate salaries and limitations in budget were also mentioned and probably are closely related to the former problem. Many expressed a need for additional clerical help, for better office accommodation, and improved transportation. Community needs, such as for housing and for facilities for the aged, chronically ill and convalescent, were mentioned as factors that decrease the effectiveness of the nurses' work and contribute to poor use of nursing time. One supervisor felt additional bursary assistance for preparation of public health nurses could be utilized.

In the opinion of the supervisors who participated in this survey, it appears that progress is being made in the provision of public health nursing services. Many of the problems indicated are related to a period of rapid expansion of work, limitations

(*Concluded on page 656*)

Institutional Nursing

The Peristaltic Enema

HAZEL HULL

THE SEPTEMBER, 1951, issue of *The Canadian Nurse* contains an article by Dr. H. W. Schwartz of Halifax entitled "The Enema—a Neglected Art," which should act as a direct challenge to our profession. While it is unfortunately a common error among those concerned to consider the administration of the enema as a dirty, menial chore (as the doctor puts it) and, as such, to be avoided if at all possible or, failing that, to be relegated to a "probationer" or junior student, etc., as nurses we should refute this idea. The enema is *not* a dirty task and should not be considered as such. Rather, it is a therapeutic measure for the comfort and well-being of the patient (which, after all, should be our *first* consideration) and merits the same high professional knowledge and skill as any other nursing procedure. It is a recognized fact that upon the administration of a successful enema often rests the patient's very life. No nursing task, however disagreeable, was considered to be beneath her dignity by our great predecessor—Florence Nightingale!

Through the centuries mankind has devised various methods (including the enema-can technique and colonic irrigation) for the relief of an inactive or lazy bowel. The methods followed usually take the form of an attempt to wash the feces from the colon by mechanical means—using force and pressure and often irritating solutions, as a substitute for the abdominal reflexes provided by nature—with more or less doubtful results and frequently distress to the patient.

Miss Hull is on the staff of St. Paul's Hospital, Vancouver, B.C.

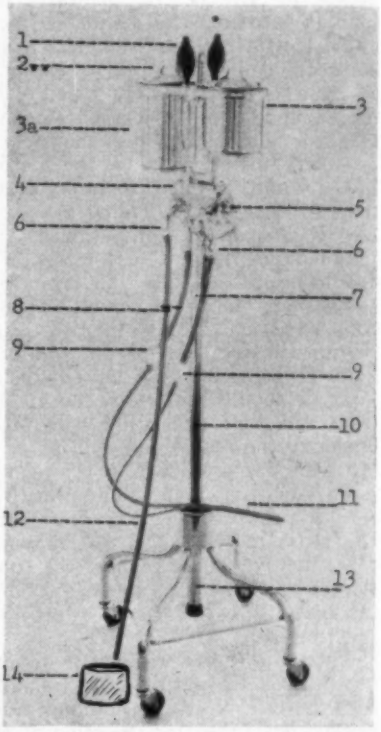
In the past, practically without exception, every patient with whom I came in contact told me, "I dread these enemas more than an operation." However, in the past three years a wonderful new apparatus has been invented and patented by Mary Ellen Stack, R.N., of Seattle, Washington, U.S.A. This apparatus is called the *Peristaltic Enema Apparatus*. No patient need view *this* type of enema with apprehension.

The peristaltic enema apparatus operates on the principle that the "law of the bowel" should govern the injection of fluid into the rectum for the purpose of stimulating colonic muscular motility; also, on the further principle that man, by nature, is provided with intestinal reflexes and resulting expulsive impulses sufficient for the purpose of colonic expulsion at regular intervals under normal conditions. It is a conceded fact that constipation is an abnormal condition calling for correction. It is considered that the injection of fluid into the rectum by force is, at best, an unnatural act which violates the processes set up by nature for the normal evacuation of the bowels, especially when the colon is congested with feces and gas. In such cases the injection of fluid by force puts pressure on and irritates an already spastic bowel, with resulting distress to the patient and frequent failure to secure desired results.

The peristaltic enema is a two-way "ebb and flow" method *designed for the purpose of establishing normal peristaltic action*. It operates gently, without pressure on the colon by stimulation of the reflexes with an exercising effect, and without distress to the patient—in fact many patients

sleep throughout the procedure. It has been given safely and with excellent results to the most seriously ill, including severe cardiacs, "paralytic ileus," threatened abortions, ulcerative colitis, diverticulitis, establishing colostomy function and bowel function in paraplegics, easy removal of impactions, and many other conditions including first-day post-operative bowel resections and bowel obstructions. Death on the bed-pan following peristaltic enemata need *not* be feared.

The peristaltic enema apparatus consists of two stainless metal cans, one twice the size of the other, and mounted, one higher than the other, above a selector valve which is equipped with a dial and dial indicator to enable the nurse to select the channel or variance best suited to the individual requirements of each patient. Outlets beneath the selector valve are connected to a waste receptacle and to a double-lumen tube. This tube, the inflow portion of which is much smaller than its outflow portion, is *gently* inserted into the rectum for a distance of *not more* than four inches. A non-irritating solution, usually normal saline, is used and flows from the small can to the patient via the small portion of the double-lumen tube and, when rejected by the colon, flows from the patient to the tall can via the large portion of the tube and returns to the colon in an "ebb and flow" manner. After a short period the glass-view section in the larger portion of the tube will show the fluid flowing and ebbing between the patient and the tall can in coordination with the abdominal reflexes. As this action proceeds the colon continues to accept additional fluid as required. In most instances the expulsion of flatus occurs immediately or within a few minutes, thus bringing relief quickly in cases of abdominal distention from "gas." Hard or impacted feces may be gently broken up, liquefied or semi-liquefied. The amount of solution varies with the requirements of each patient's condition but is relatively small in comparison to the ordinary enema. With this apparatus it is possible to give a successful enema with as little as from four to eight ounces of normal saline or water. After a period of "exercising" the patient may be allowed to expel the fluid to the waste receptable, retain it for a period, or may defecate by the natural defecation reflex. The period of treatment varies according to the need—usually ranging from 45 minutes to two to three hours in the more "stubborn" conditions, such as ileus.



PERISTALTIC ENEMA APPARATUS

1. Bulbs for clearing clogged tubes. *2.* Lid. *3.* Supply can. *3a.* Accumulator can. *4.* Selector valve. *5.* Dial and dial indicator. *6.* Outlets. *7.* Inflow—small side of double-lumen tube. *8.* Return flow—large portion of double-lumen tube. *9.* Glass-view section. *10.* Standard. *11.* Tip of double-lumen tube. *12.* Waste tube. *13.* Adjustable column. *14.* Waste can.

The use of the peristaltic enema is *not* habit-forming—in fact it is exactly the opposite. Its use causes a stimulation of the reflexes which has the effect of rehabilitating a lazy or static colon. In many stubborn cases after two to six peristaltic enemata over a period of two weeks the patients thereafter have had satisfactory "regular" habits for an extended period of time.

It is possible with this type of enema to reach the distal portion of the colon (the cecum), thus providing the surgeon with a "clean field" for bowel surgery. In other cases, medications for the treatment of conditions such as ulcerative colitis may be introduced and retained with comfort for a considerable period. Barium enemata have been given successfully with this apparatus to patients who were unable to hold the barium by the usual method of administration. Used pre-operatively, it has been observed that the patients had much less post-operative distress from "gas pains," abdominal distention, ileus, etc., and, in most instances, had no such distress whatsoever.

Great credit is due to the Sisters of St. Paul's Hospital, Vancouver, B.C., for being the first in Canada to recognize the value of the peristaltic enema and, following my post-graduate course in this therapy 18 months ago, I have been privileged to supervise the department created here for the administration of this enema. With this apparatus we have secured what might be termed "miraculous" results in the most severe cases of "paralytic ileus"—even in cases complicated with peritonitis, pancreatitis, and barium impactions. Patients partially obstructed by malignant or non-malignant "tumors," anal strictures, etc., who have been unable to defecate even after repeated "ordinary" enemata and cathartics, have had most satisfactory results from a peristaltic enema.

The actual operation of the peristaltic enema apparatus can be easily and quickly learned by any nurse and the variations in technique required for the more serious and "difficult" conditions mastered in a relatively short period, provided the nurse is willing to faithfully and conscientiously follow the instructions for a successful treatment. For all other nursing procedures the nurse should have a sufficient knowledge of the anatomy and physiology of the portion of the body concerned. Consequently, the nurse operating the peristaltic enema apparatus must have adequate knowledge of the alimentary canal to enable her to differentiate between the "normal" and abnormal peristaltic action and to chart an intelligent and comprehensive report. In most cases, providing there are sufficient "machines" and the patients are located in a relatively close proximity, one nurse can easily give a peristaltic enema to several patients during the same time.

The apparatus can be easily disassembled for cleaning and sterilizing —we use a "cold" sterilization with zephiran chloride 1:1,000.

The peristaltic enema apparatus has been favorably compared by Dr. L. H. Appleby, eminent Vancouver surgeon, (June, 1951, issue of *The Bulletin*, Vancouver Medical Association) to the electrocardiograph and basal metabolism machines in its usefulness and dignity. Nurses everywhere can be justly proud to acclaim Mary Ellen Stack as the member of our profession who has spent at least 25 years of her nursing career in painstaking study and creative work to perfect the *correct enema technique* for the benefit of mankind, thus elevating that once so-called menial chore to a dignified and respected therapeutic procedure. The enema should not be relegated to inexperienced workers and with the *Peristaltic Enema Apparatus* it is not a neglected art.

References

1. Amberson & Smith. Outline of Physiology. 2nd Ed. p. 360 *et seq.* and p. 377 *et seq.*

2. Best & Taylor. Physiological Basis of Practical Medicine. 3rd Ed. pp. 798 *et seq.*

3. Howell. Textbook of Physiology. 15th Ed. p. 999 *et seq.*

Aux Infirmières Canadiennes-Françaises

La Déficience Mentale

SOEUR JOSEPH-OVIDE, F.C.S.P.

C'EST DANS l'espoir d'aider l'infirmière soucieuse de ses responsabilités et désireuse de jouer un rôle positif dans la rééducation du déficient mental que nous tenterons d'exposer ici quelques idées concernant la déficience mentale: sa fréquence dans une population normale, ses principales caractéristiques et, finalement, une méthode d'enseignement fort utile pour assurer leur intégration dans la vie sociale.

NOTION

La déficience mentale aussi bien d'origine endogène qu'exogène n'est pas à proprement parler une maladie mais un état constitutionnel inné ou acquis, toujours incurable, caractérisé par un arrêt prématuré de la croissance mentale ou par un développement plus ou moins ralenti des fonctions intellectuelles.

Les déficients mentaux éducables, les seuls qui nous intéressent présentement, sont donc des enfants qui, à cause de leur faible niveau intellectuel, exigent un entraînement spécial dans la famille et à l'école. Ces mêmes enfants nécessiteront aussi, pour les années à venir, une surveillance spéciale pour vivre leur vie d'adulte d'une façon normale et indépendante. Bien que leur déficience mentale soit un état incurable, il est maintenant reconnu qu'au point de vue éducation, le pronostic est toujours plus favorable dans les cas de déficience mentale d'origine endogène. En d'autres termes, il est plus facile d'actualiser le potentiel intellectuel d'un sujet lorsque le déficit mental n'est pas secondaire à une épilepsie ou une lésion organique sérieuse. De plus, le déficient mental endogène présente moins d'instabilité, de problème de comportement; il bénéficie davantage d'un séjour dans une école spéciale.

Soeur Joseph-Ovide est membre de l'Institut Médico-Pédagogique, Rivière-des-Prairies, Québec.

FRÉQUENCE

Le pourcentage des déficients mentaux dans une population est d'environ 5 pour cent. Ces petits infortunés constituent un groupe plus nombreux que les enfants réunis: infirmes, épileptiques, malades mentaux, aveugles, sourds, etc.

Une étude du psychogramme, reproduit ici, nous fournit des données beaucoup plus précises sur la distribution générale de l'intelligence dans une population normale, la classification des intelligences d'après la quotient intellectuel, le pourcentage de chacun des groupes. Nous avons, de plus, ajouté une orientation générale appropriée à chaque catégorie.

HISTOIRE GÉNÉTIQUE

Nous signalons ici quelques caractéristiques susceptibles d'aider les intéressés à dépister les déficients mentaux:

(a) Les observations cliniques remontant à la naissance sont peu nombreuses, sauf dans les cas de débilité mentale profonde ou dans certains cas cliniques (mongols, crétins, hydrocéphales).

(b) Vers 8 ou 10 mois, nous pouvons déceler chez le sujet un certain retard dans le développement musculaire: les mouvements de préhension sont lents à s'établir, de même le contrôle et la coordination des muscles qui concourent à effectuer la marche.

(c) Les premières manifestations du langage n'apparaissent parfois, que vers

Psychogramme Evolutif
De l'Idiotie à la Normalité

Idiot	Imbécile	Déficient éducable	Lent	Normal	Groupes
0 25		50 75	90	110	Q. I.
—.5%	—.5%	4.5%	20%	50%	%
Institution	Inst. (Colonies)	Ecole spéciale	Métier semi-spécialisé	Cours régulier	Orientation Pédagogique
Bonnes habitudes	Soins personnels Travail routinier	Manoeuvres Travaux domesti. Fermes	Vie normale libre		Orientation Occupationnelle

3 ou 4 ans et l'enfant s'exprime au moyen de la phrase-mot bien au-delà de la limite normale.

(d) Nous retrouvons chez ce petit être que peu de curiosité et d'initiative, il ne parvient à pourvoir à ses besoins d'ordre primaire qu'après une longue période d'initiation et d'entraînement.

(e) Au jeu, l'enfant demeure au stade des activités individuelles beaucoup plus longtemps; puis, il choisit ordinairement des compagnons plus jeunes que lui. Cette difficulté à s'intégrer à un groupe se manifeste davantage à l'entrée à l'école.

(f) En classe, son immaturité mentale, ne lui permettant pas d'assimiler le contenu d'un programme destiné à des élèves mieux doués, lui occasionne de l'insuccès et de l'incompréhension de la part de ses compagnons, de son institutrice, ou de ses parents.

Ecrasé sous le poids de nombreuses frustrations, le pauvre petit malheureux réagit souvent par de l'agressivité massive, de fortes tendances à la destruction, ou par un complexe d'inhibition, par la passiveté, etc. Ces conflits sont un obstacle à l'épanouissement de sa personnalité. De là, ces inadaptés de demain et, parfois même, ces délinquants plus ou moins coupable.

Méthode d'Entraînement

Une étude plus approfondie de la nature des déficients mentaux nous a permis de conclure que ces enfants ont un ardent désir d'être respectés, de vivre et de réussir comme les autres. Ils sont à des degrés divers débiles intellectuellement mais ils ne sont pas dépourvus d'instincts et d'émotions. Ils ont les mêmes besoins que les normaux dans le domaine matériel aussi bien qu'affectif et moral: ces besoins sont adaptés à leur niveau mais ils désirent ardemment pouvoir les satisfaire.

Guidés par ces principes, plusieurs psychologues, pédagogues et sociologues se sont intéressés à étudier davantage les besoins de ces enfants, afin d'élaborer un programme d'éducation capable de répondre à ces deux grandes exigences; les besoins réels des déficients mentaux en regard de la complexité de la structure sociale des temps modernes.

Des spécialistes de l'école de Mont-Providence, Rivière-des-Prairies, Qué., travaillent présentement à un projet de recherche en vue d'élaborer un programme spécifique pour la rééducation des déficients mentaux. Ce projet déborde les cadres de cette institution. Par conséquent, un comité de spécialistes—auxiliaires sociaux, officiers de placement, employeurs, moniteurs, professeurs, psychologues, hygiénistes-mentaux, médecins—est appelé à coopérer afin d'établir un programme éducationnel des plus réalistes, un programme qui assurera le développement maximum des potentialités de chaque enfant.

Une meilleure compréhension de l'éducation spéciale nous fait voir que les déficients mentaux, adéquate-

ment préparés, peuvent jouer un rôle positif dans la société—c'est-à-dire, apporter une contribution humble mais utile. Pour réaliser ce but, ce programme d'entraînement spécial, encore en voie d'élaboration, comprend les étapes suivantes:

1—*L'éducation sensorielle* laquelle tend à assurer l'indépendance personnelle pour tout ce qui concerne les besoins d'ordre primaire: la toilette, l'habillement, la nourriture, etc.

2—*L'enseignement académique et social* utilisent le langage, les connaissances sociales élémentaires, le travail de groupe, la discipline, et les récréations pour faire atteindre à l'enfant un certain niveau d'indépendance familiale et sociale.

3—L'*enseignement occupationnel* tend:

(a) A renseigner l'enfant sur les principales occupations dans lesquelles il serait en mesure de réussir.

(b) A développer certaines habiletés non-manuelles comme, par exemple, la capacité de garder un emploi, d'administrer un budget.

(c) En un mot, à développer de façon systématique toutes les habiletés requises pour favoriser au maximum l'indépendance occupationnelle et sociale.

A cette méthode d'entraînement spécial viennent s'ajouter tous les traitements rééducatifs modernes: médications diverses, enseignement correctif, psychothérapie individuelle ou de groupe, psychodrame, etc.

Pour faire de l'enfant déficient mental plus qu'un être social indépendant et utile, les éducateurs de l'enseignement spécialisé se préoccupent d'intégrer l'enseignement moral et religieux à toutes les activités du programme; à amener graduellement ce petit être à saisir sa relation au Créateur; à se faire du bon Dieu une image, à sa mesure, aussi complète et aussi belle qu'il puisse l'envisager. Il est consolant de constater tout ce que l'on peut obtenir de ces chers enfants, surtout au point de vue religieux; la grâce du baptême opère en eux et y laisse des aptitudes pour le divin, aptitudes que nos éducateurs s'efforcent d'exploiter, afin de faire de l'oeuvre des déficients mentaux, une oeuvre sociale éminemment chrétienne.

C'est surtout durant la dernière période scolaire que l'enfant se prépare d'une façon immédiate pour la vie. En collaboration avec les organismes gouvernementaux, l'école spécialisée s'occupe du placement de ses protégés. Le service de psychologie aide l'enfant à connaître ses intérêts et ses aptitudes et l'oriente dans le choix et la préparation pour un métier adapté à ses potentialités. Le service social veille à la bonne adaptation des anciens élèves au travail et à la vie en général.

Le sourire spontané de ces enfants, leur ardeur au travail, l'enthousiasme que l'on retrouve au sein des réunions de l'amicale témoignent hautement que les déficients mentaux correspondent merveilleusement quand la science et la charité s'aillient pour mieux les servir.

Developments in Public Health Nursing

(*Concluded from Page 650*)

in personnel to meet the demands for service, and limitations in budget. One feels that public health nurses are attacking their problems courageously and are striving to provide service of a high standard despite these difficulties.

REFERENCES

1. Report of the Study Committee on Public Health Practice in Canada. Canadian Public Health Association. 1950.

2. Data in additional reports received after this summary was prepared would increase this figure.

3. See *Canadian Journal of Public Health*, Feb. 1952, pp. 60-89. Recommended Qualification Requirements and Minimum Salaries for Public Health Personnel in Canada.

Nursing Profiles

Edith J. Green has been appointed assistant professor and acting director of the McGill School for Graduate Nurses, Montreal, succeeding **Elva C. M. Honey, A.R.R.C.,** who has resigned to be married.

Miss Green, a British Columbian by birth, entered nursing in 1940 when the clouds of war hung heavily over the world. She had already received her B.A. from the University of British Columbia and her B.S. in library science from the University of Washington and had had several years of experience as a librarian. Following her graduation from Royal Victoria Hospital, Montreal, Miss Green served as neurophysiology laboratory nurse for the best part of a year at the Montreal Neurological Institute. The following year she was junior assistant in the nursing school office at the Vancouver General Hospital. She enrolled in the McGill School for Graduate Nurses in 1945. Receiving her certificate in teaching and supervision, Miss Green was appointed to the teaching staff of the Royal Jubilee Hospital, becoming educational director there in 1947. Last fall she joined the faculty of the McGill School as lecturer in teaching in schools of nursing.

Jacoby, Montreal

EDITH J. GREEN

Frances S. Pearl is now the executive director of the National Council of Jewish Women of Canada. A graduate of the Vancouver General Hospital, Miss Pearl received her certificate in public health nursing from the McGill School for Graduate Nurses before joining the staff of the Montreal Branch of the Victorian Order of Nurses. In 1942 she became supervisor of foster homes with Baron de Hirsch Institute in Montreal.

Miss Pearl enlisted with the R.C.A.M.C. in 1944 and went overseas with No. 22 Canadian General Hospital. Following the war she was a field nursing supervisor for UNRRA in the British Zone in Germany. Upon her return to Canada she enrolled in the course in administration and supervision in public health nursing at the University of Toronto, receiving her B.A. from that institution in 1949. Until her present appointment Miss Pearl was on the staff of the Toronto Welfare Council.

Penthouse Studio, Toronto

FRANCES S. PEARL

Ina Mary Dickie is on leave of absence from the Ottawa Department of Health, where she has been senior district supervisor since 1949, and has joined the World Health Organization for active duty in Bangkok, Thailand.

A graduate of the Hamilton General Hospital, Miss Dickie engaged in general staff nursing at the Lady Minto Hospital, Cochrane, Ont., for two years before enrolling in the public health nursing course at the University of Western Ontario. She joined the visiting nursing staff of the Metropolitan Life Insurance Company and served in Fort

William and Sudbury, Ont., before going to the University of Toronto for her certificate in administration and supervision in public health nursing. Miss Dickie assisted with the organization of both Prince Edward County and Carleton County health units in Ontario. The Carleton Health Unit was absorbed into the Ottawa Department of Health in 1949. An outdoor person, keenly interested in sports and a nature lover, Miss Dickie will hope to use her spare time in Thailand observing the exotic wild flowers and birds.

Thomas Studio, Ottawa

INA M. DICKIE

Helen G. Hughes has taken over her duties as superintendent of the new Ajax and Pickering Township (Ont.) General Hospital. A graduate of the Kingston General Hospital, Miss Hughes engaged in private nursing for several years before joining the staff of the St. Lawrence Sanatorium at Cornwall. Industrial nursing with a Montreal food products firm preceded her appointment as matron of the Julius Richardson Children's Convalescent Hospital at Chateauguay, Que. She has recently been head of the audiometric department of the Montreal General Hospital, conducting research on child and adult hearing.

The Nursing Division of the Toronto Department of Public Health held a reception at Prince Arthur House in honor of **Zada Keefer,** the director of the Nursing Division, on the occasion of her retirement. On behalf of those present, some 300 guests, Dr. L. A. Pequegnat, medical officer of health, presented Miss Keefer with a purse containing a cheque

HELEN G. HUGHES

as a small token of the esteem in which she is held by her staff and many friends.

During the 36 years Miss Keefer has been with the Nursing Division she has held almost every position. Few can equal this record in length or variety. A graduate of the Hospital for Sick Children, she was first appointed to the Division as a staff nurse in University District in 1915. A few of her subsequent assignments might be mentioned here. She was superintendent of Woodbine District (now Riverdale): supervisor of tuberculosis nursing. She organized and became supervisor of Hospital Health Service and was appointed assistant director in 1933. In 1943

J. Kennedy, Toronto

ZADA KEEFER

Miss Keefer received a Rockefeller Travel Grant. She was appointed director of the Nursing Division in February, 1948, a position for which she was unusually well prepared and had fully demonstrated her ability.

It was with real regret and a sense of loss that her friends, professional associates, and staff saw Miss Keefer leave her present office. Many good wishes went with her in what promises to be a very busy retirement for she is chairman of the Advisory Committee of Nursing Services for Civil Defence, Toronto and York, and also a member of the Committee on Civil Defence of the Registered Nurses' Association of Ontario. We predict that in the ensuing years many will come to her for advice and help and, best of all, just to visit.

In Memoriam

May Edna Bates, a native of Calgary who returned home in 1950 after many years in the United States, died on June 2, 1952, at the age of 50. Mrs. Bates had taken her degrees in nursing from Teachers College, Columbia University. She had served as superintendent of nurses at the Mayo Hospital in Rochester, Minn., and at White Cross Hospital, Columbus, Ohio. Prior to her return to Canada she was for many years the health adviser at the school for the deaf in Trenton, N.J.

Mabel Corden of Carman, Man., succumbed to a heart attack on September 26, 1951.

* * *

Euphemia (Reynolds) Curtis, who nursed in Vancouver for several years under the professional name of Nurse Hilda following her graduation at the turn of the century from St. Luke's Hospital, died in Vancouver in June, 1952.

* * *

Sarah Denomy, who graduated from St. Joseph's Hospital, Chatham, Ont., in 1912 and who had spent much of her professional life working in Port Huron, Mich., died on May 21, 1952, following a short illness.

* * *

Reita (Mason) Evans, who graduated from Victoria Hospital, London, Ont., in 1927, died in New York on May 11, 1952, following an illness of several months.

* * *

Agnes Bertille Fitzgerald, who graduated from St. Michael's Hospital, Toronto, in 1903, died in Penetanguishene, Ont., on April 7, 1952. Miss Fitzgerald had nursed in Toronto and New York and retired 17 years ago.

* * *

Sophy Grant, who graduated from Grace Hospital Division of the Toronto Western Hospital in 1916, died suddenly in St. Catharines, Ont., in January, 1952. Mrs. Grant had engaged in private nursing in Toronto.

* * *

Lucy (Jefferson) Gunn, who graduated from the Toronto General Hospital in 1913, died suddenly in Stouffville, Ont., on June 8, 1952. Mrs. Gunn had engaged in nursing in Toronto for many years prior to her marriage.

* * *

Cristine (Kipp) Lenahan, one of the first nurses to complete her training at the Toronto East General Hospital, died in May, 1952.

* * *

Josephine A. MacDonald, who graduated from the Winnipeg General Hospital in 1912, died in Portage La Prairie, Man., on May 16, 1952. Miss MacDonald served in England and France during World War I. Returning to Canada in 1920 she was on the staff of veterans' hospitals until her retirement.

* * *

Alberta Russell, a graduate of Victoria Hospital, London, Ont., died there suddenly on June 10, 1952, at the age of 32. Mrs. Russell served as a nursing sister with the Royal Canadian Navy during World War II.

* * *

Irene Louise Sharpe, a graduate of the Winnipeg General Hospital, died in Toronto, Ont., on May 25, 1952, at the age of 57.

During World War I Miss Sharpe served with the Q.A.I.M.N.S. in England, Malta, and France. Most of her nursing activity since then was in the United States.

* * *

Beth White, a graduate of Royal Jubilee Hospital, Victoria, was drowned in June, 1952, when a small boat in which she was riding capsized. Miss White had been engaged in general staff nursing at the Red Deer (Alta.) Municipal Hospital since last September.

* * *

Evangeline (Huntley) Williams, who was on the staff of the North Vancouver General Hospital for a number of years, died at Glens Ferry, Idaho, on June 16, 1952, at the age of 33.

I.C.N. Tenth Quadrennial Congress—Brazil, 1953

From the chairman of the Congress Arrangements Committee in Brazil, we learn that sub-committees have been set up to deal with various aspects of the arrangements and that these sub-committees are already working busily. A meeting of the chairmen was held in July. It is hoped to circulate further details.

At this meeting, a special application form (to be completed by all who plan to attend the Congress) was considered and sent to the I.C.N. for final approval. Meanwhile, nurses who are planning to attend the Congress, *should have their names on file* at the headquarters of National Nurses' Associations, so that application forms can be sent them as soon as these are ready for circulation. With the exception of the South American countries (for which the I.C.N. Board of Directors has granted special concessions) *all* nurses planning to attend the Congress must be members in good standing of their National Nurses' Associations, which are in membership with the I.C.N.

Travel

The I.C.N. is in communication with a travel agency in Denmark, *Dantourist*, which is offering favorable terms to nurses travelling by air from the European and Scandinavian countries, provided there can be an assurance of 60 places being filled. *Dantourist* has been given the addresses of our National Associations, which can expect to receive information from Mr. Hugo Larsen, Sales Manager. It is hoped that those planning to travel by air from Europe and Scandinavia will make their arrangements through this agency, so that the necessary number of places can be filled.

Accommodation

For those wishing to make early hotel reservations in Rio, the following list of recommended hotels has been received from the president of the Brazilian Graduate Nurses' Association, together with approximate prices:

	Single with Bath	*Double with Bath*
Gloria	Crs.180,00	Crs.250,00
Excelsior (Copacabana) .	Crs.120,00	Crs.180,00
California (Copacabana) .	Crs.170-220	Crs.220-300
Lancaster (Copacabana) .	Crs.150,00	Crs.180,00
Novo Mundo . .	Crs.150,00	Crs.220,00
Aeroporto . . .	Crs.110,00	Crs.150,00

(The prices offered above are for bed and breakfast.)

At the present rate of exchange, 100 Brazilian cruzeiros is equal to 5.41 American dollars or 1.93 pounds sterling.

Program

The general theme for the Congress and details of the program are now being planned by the Program Committee, in conjunction with I.C.N. Headquarters. Further details will be published as they become available. *Formal* notice of Congress dates as well as dates of the meetings of the I.C.N. Board of Directors and Grand Council, together with nomination forms for honorary officers and members of committees, will be circulated from I.C.N. Headquarters.

High quality milk has a clean, pleasant flavor and odor; its bacteria content is reasonably low; it is free from pathogenic organisms and visible foreign material; and it contains at least 3.5 per cent butterfat and 12.5 per cent total solids. The key to quality control lies in the following: personal cleanliness of the dairyman; healthy herds; clean, well lighted stables; clean cows and utensils; finally, proper cooling.

Student Nurses

Public Health Nursing

MARJORIE KING

A PUBLIC HEALTH nurse needs to possess, in my opinion, in addition to all the attributes of a good nurse, an understanding for and love of humanity well beyond the call of duty. Perhaps the most discouraging fact in public health work is the lack of tangible results for one's work. The public health nurse seems to spend so many hours of fruitless effort. It appears to me that the people with the greatest need for health teaching are the poorest class—some poor in material things, unable to afford to live in hygienic conditions; others poor in intelligence, unable to comprehend the methods of keeping themselves and their children healthy; or else simply lacking any desire to better their conditions.

Clinics, particularly child health clinics, appear to have much more productive results. This way the public health nurse can come into contact with more people in less time. Usually the people who attend these clinics are doing so on their own initiative because they want to improve their child's health. The nurse can do little when faced with indifference, as she so often is.

I found visiting in the homes to be most interesting and informative. The nurse gets a better understanding of the situation by seeing people in their own environment and can give advice suited to their resources. However, it must be very discouraging to meet, as the public health nurse so often does, a blank wall—those people who are resentful and distrustful of her and refuse her aid. Here again she must find it difficult in dealing with the foreign element for, in addition to a language difficulty, they, being accustomed to a lower standard of living, are accustomed to a lower standard of health.

Not all is discouragement in public health work, however. On some occasions, a nurse is privileged to encounter in her visits a home situation at which to marvel. Under almost overwhelming conditions of poverty, a couple has managed to produce a home unequaled in atmosphere by any efforts of those well endowed with health. In these poor houses which are rich homes, a public health nurse becomes conscious of a meaning for her too-often thankless job.

The Victorian Order nurse finds much more immediately satisfying results in her work. To any nurse, nothing can provide as much satisfaction as the actual performance of bedside nursing. The V.O.N. is fortunate in being able to do real bedside nursing in conjunction with health teaching and, although she may not come in contact with as wide a variety of people as other public health nurses, she, nevertheless, has a very wide scope for education of the public.

Industrial nursing is another interesting phase of public health work. In this there appears to be great possibilities for the nurse to teach good health. She has fairly close contact with the workers and, on occasion, makes visits to their homes. It is a field in which a nurse may do much or little according to her own personal initiative and ability.

All those concerned with public health service are rendering an invaluable service to the community—particularly in this one.

Miss King was a student at the St. Catharines General Hospital, Ont., when she wrote this article.

Trends in Nursing

Notes from the Canadian Press

Including public and privately operated hospitals, Canada has 66 institutions for treatment of mental disease.

A new type of hourly home nursing service has been started for Blenheim (Ont.) and community.

The following are the major recommendations of the Ontario Health Survey Committee:

A ceiling on rates for public ward beds—likely $7.00 per day. A two-year course in nursing patterned after that instituted at Toronto Western hospital. At least 68 per cent more beds and 53 more psychiatrists to administer the provincial mental health program. Training facilities for dentists be doubled to make up for the "serious shortage." Provincial control over fund-raising campaigns for health and welfare purposes. Establishment of a hospital commission with broad powers of control over these institutions in the province. More thorough regulation of private nursing homes by provincial government. Improvement in facilities for diagnosing and treating cancer. Discontinuance of hospital maintenance charges for tuberculosis patients.

Chapters

An interesting letter on the "Why's and Wherefore's" of the formation of a local nurses' association. Some of the main purposes in forming such a chapter are given as:

(1) To serve the community within the chapter area and to provide for them beneficial services relating to health and welfare. (2) To inform and interest the public in nursing. (3) To stimulate nurses' interest in and knowledge of nursing activities locally, provincially, nationally, and internationally. (4) To maintain the honor and status of the nursing profession and to safeguard the members thereof.

"It is designed that this chapter formation will bring the non-practising and associate nurses up to date with the newer trends and methods of nursing as we know them today," the letter continues.

Recruitment

An initial student nurse recruitment campaign on Cape Breton Island, N.S., conducted on an intensive scale, has been successful in arousing considerable interest in nursing and, it is hoped, will bear fruit in the future with an increased number of applications for admittance to schools of nursing on the Island.

Importance of Age

The May issue of *Hospitals* publishes an article by Dr. Edwin L. Crosby, president-elect of the American Hospital Association, and Margaret D. West, statistician for the Health Resources Staff, Office of Defence Mobilization, which predicts admissions to schools of nursing for the coming years. Dr. Crosby and Mrs. West have found that nursing school admissions bear a much closer relationship to the number of 17½-year-old girls in the population than to the number of high school graduates and that, since 1947, the recruitment rate in nursing in the U.S.A. has risen from 3.4% to a level of 4% in 1950 and 1951 (compared to 2% in 1920 and 3% in 1940). When admissions to schools of nursing dropped 5.7% in 1951 compared to a 1.5% drop in high school graduates, the number of young women in the 17-year-old age bracket had also dropped 5.7%.

Progress in Saskatchewan

A centralized introductory nursing course will be undertaken by the University of Saskatchewan, probably

in the spring, with the acceptance of requests from the Registered Nurses' Association and the Saskatchewan Department of Public Health. These introductory classes will be taken at the university instead of at the hospitals. Total cost of the program will be met by a special grant to the university.

From All Parts

The second session of the Expert Committee on Nursing, World Health Organization, noted that:

> The aim of nursing personnel, as members of the health team, should be to establish a high level of health and well-being among all peoples. Their contribution to this end will be most effective if they are trained in relation to the functions they are to perform, are placed strategically at all levels in the health services, are incorporated in the health team with the full understanding of their potential contribution, are fully aware of the goals and objectives of the team and of their own part in achieving them and, above all, if they bring to their task the human understanding which is the essence of their contribution.

A pioneer enterprise, run by the government in Borneo with U.N. help, is the Mother and Child Health program. The supplies come from UNICEF and the experts from WHO.

Realizing that the only effective answer to the present unsanitary methods of childbirth would be the training of native-born midwives, a British and a Swiss nurse commenced training Bornean girls as hospital nurses and also arranging for trained midwives to go into the mothers' own homes.

Wrestling with religious resistance and superstition and the primitive child-bearing practices in equatorial Borneo proves a tough assignment. All that WHO or UNICEF or a government can do is to initiate schemes which lead to more hygienic practices. The rest is with the people themselves—the breaking down of superstition, the emancipation of mothers from primitive methods which amount to a death cult, and the persuasion and training of other Bornean girls.—*Courier*, May, 1952.

Technical Aid for Underdeveloped Countries

Under its Technical Assistance Program, the United Nations sends technical experts from U.N. countries to those countries which have asked for technical advice in specific fields and arranges courses of study for students. These "United Nations Fellows" have studied in Canada such different subjects as public administration, hydro-electric development, and social welfare, while Canada has loaned experts in many fields to other United Nations countries.—*Brief Employment Facts*, Department of Labour, Ottawa.

Nursing Service

St. Louis University School of Nursing will continue to participate in the Nursing Service Administration project which is being sponsored by the W. K. Kellogg Foundation. On the basis of plans made during the five-month seminar, a series of institutes and workshops has been planned for both graduate students enrolled in the university and for nurses-in-service who can give only part time to study.

Plans are in hand for a conference at Battle Creek of all participants in the project.

Nursing Education

The program for graduate nurses entering the Emory (Georgia) University School of Nursing has been expanded to include a period of experience in a rural hospital.

The program was made possible by a grant from the W. K. Kellogg Foundation and will be offered to graduate nurses who enter the professional part of their study next fall. The professional program will then be threefold, including experience in Emory University Hospital, in a rural hospital, and in the Fulton or DeKalb county health departments.

—*Hospitals*, May, 1952.

The Newark College of Arts and Sciences, Rutgers University, Newark, N.J., is offering a course which includes 22 continuous months of organized instruction and practice leading to a diploma in nursing. Students who complete the program satisfactorily will be qualified to write the Board of Nursing Examinations for nurses practising in New Jersey. As the two-year program is experimental, an eight-month internship will be required in order to verify the success of the curriculum. During this internship the student will receive $150 per month. Overlook Hospital in Summit, N.J., will provide clinical facilities during the 22 months of training and during the internship. The first class was scheduled to start July, 1952.

Orientation et Tendances en Nursing

Extraits de la Presse Canadienne

En comptant les hôpitaux publics et privés l'on constate qu'il y a au Canada 66 institutions où peuvent être traités les malades mentaux.

A la demande de la population, un service à l'heure, à domicile, a été commencé par un groupe d'infirmières de Blenheim, Ont.

Le rapport de l'enquête sur les services de santé de l'Ontario a donné lieu à de nombreuses recommandations dont les plus importantes sont:

Le plafonnement du prix d'hospitalisation dans les salles publiques, n'excédant probablement pas $7.00. Un cours d'infirmière de deux ans sur le plan du cours établi à l'hôpital Toronto Western. Soixante-huit pour cent plus de lits pour les malades mentaux et 53 psychiatres de plus sont nécessaires pour exécuter le programme d'hygiène mentale préconisé par la province. Des provisions doivent être prises pour doubler le nombre des dentistes dont il y a une grande pénurie. Une surveillance doit être exercée par les autorités provinciales sur les campagnes de souscriptions organisées en vue de venir en aide aux oeuvres de santé et de bien-être. L'établissement d'une commission d'hôpitaux ayant une grande autorité de contrôle sur les hôpitaux de la province. L'établissement par le gouvernement provincial d'une réglementation mieux définie à l'égard des hôpitaux privés. Conditions plus favorables pour le diagnostique et le traitement du cancer. Hospitalisation gratuite des malades tuberculeux.

Associations de Districts et Chapitres

Dans une lettre intéressante sur la formation des chapitres dans les associations locales ou de district l'on donne comme buts: (1) Servir la population du territoire où se trouve le chapitre en leur donnant un meilleur service au point de vue santé et bien-être. (2) Renseigner et intéresser le public sur la profession d'infirmière. (3) Stimuler l'intérêt des infirmières et les mettre au courant des activités du nursing sur le plan local, provincial, national, et international. (4) Maintenir l'honneur et le status de la profession d'infirmière et ainsi protéger les membres.

L'on croit aussi par la formation de chapitres pouvoir intéresser les infirmières retirées de la pratique active aux méthodes et à l'orientation nouvelle du nursing.

Recrutement

Une première campagne de recrutement d'élèves-infirmières vient d'être organisée sur une grande échelle au Cap-Breton. L'intérêt manifesté a été considérable. L'on espère qu'un grand nombre d'étudiantes seront admises aux écoles de cette île.

Progrès en Saskatchewan

La centralisation des cours préliminaires sera un fait accompli le printemps prochain. Se rendant à la demande de l'Association des Infirmières Enregistrées de la Saskatchewan et du Ministère de la Santé Publique, l'Université de la Saskatchewan a accepté de donner ces cours. Les étudiantes se rendront à l'université et les cours ne seront plus donnés dans chacune des écoles. Un octroi accordé à l'université permet de défrayer les dépenses de ces cours.

De Par Tout le Monde

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* * *

Dans l'Ile de Bornéo, avec l'aide des Nations-Unies, le gouvernement a établi un programme de santé pour la mère et l'enfant. Les experts viennent de l'O.M.S. et l'équipement est fourni par l'aide économique des Nations-Unies.

Deux infirmières, l'une venant de Grande-Bretagne et l'autre de Suisse, ont été envoyées à Bornéo. Elles réalisèrent que le seul moyen de changer les méthodes non hygiéniques lors des naissances était d'entraîner des indigènes comme infirmières dans les hôpitaux et comme sages-femmes se rendant à la demeure des mères.

Lutter contre des superstitions et des rites religieux n'est pas une tâche facile. Tout ce qu'un gouvernement, l'O.M.S. et les N.-U. peuvent faire est de réaliser un plan permettant une meilleure pratique de l'hygiène. La population doit faire le reste. C'est à elle qu'il appartient de détruire des superstitions, de faire abandonner aux mères des méthodes primitives souvent mortelles, de persuader et d'entraîner d'autres jeunes filles de Bornéo à donner des soins.—*Courier*, mai, 1952.

Une Aide Technique Accordée par l'O.M.S. Aux Pays Peu Développés Économiquement

Cette aide se manifeste très souvent par des bourses d'étude accordées à des étudiants dont le pays d'origine a demandé des conseils sur certains problèmes techniques. Les boursiers des Nations-Unies ont étudié au Canada l'administration publique, le développement hydroélectrique, et le bien-être. Le Canada de plus a envoyé des experts dans divers pays des Nations-Unies.—*Brief Employment Facts*, Department of Labour, Ottawa.

EDUCATION EN NURSING

A l'école supérieure d'infirmières de l'Université de la Georgie, les infirmières inscrites devront désormais faire un stage dans un hôpital régional. Cette expérience a été ajoutée au programme d'étude. Un octroi de la W. K. Kellogg Foundation permet d'offrir à la fois aux infirmières diplômées (étudiantes à cette école) une expérience à l'hôpital universitaire, dans un hôpital régional et à l'unité sanitaire.—*Hospitals*, mai, 1952.

* * *

Le Newark College of Arts and Sciences de Rutgers University, Newark, New Jersey, offre un cours d'infirmière de 22 mois. Le programme d'étude offre des cours théoriques et pratiques, lesquels donnent droit à un diplôme. Les étudiantes qui auront suivi le programme en entier avec succès seront admises aux examens d'enregistrement. Comme ce programme n'est qu'à l'état expérimental, un internat de huit mois sera exigé des étudiantes afin de juger de la valeur du programme d'étude. Durant son internat l'étudiante recevra un salaire mensuel de $150.

LE FACTEUR AGE DANS LE RECRUTEMENT

Le Dr Edwin L. Crosby, président de l'American Hospital Association, et Margaret D. West, statisticienne pour "Health Resources Staff, Office of Defence Mobilisation," prédisent le nombre d'admission dans les écoles d'infirmières. D'après ces experts l'admission dans les écoles d'infirmières est en rapport du nombre de jeunes filles, agées de 17½ ans, dans la population. La constance de ce rapport est plus grande qu'entre celui des diplômées des écoles supérieures et les admissions dans les écoles d'infirmières.

Depuis 1947 le recrutement dans les écoles d'infirmières s'est élevé de 3.4% à 4% en 1950 et 1951. Lorsque les admissions dans les écoles d'infirmières diminuèrent en 1951 de 5.7%, le nombre des diplômées des écoles supérieures n'avait diminué que de 1.5%, mais le nombre de jeunes filles âgées de 17 ans était aussi de 5.7% de moins.—*Hospitals*, mai, 1952.

Atherosclerosis

New research findings which may lead to a routine blood test for detection of early hardening of the arteries, and at the same time provide physicians with a blueprint to counter defects in blood causing the condition, have been reported. The findings stem from research on the role of heparin in the body's ability to handle fat. Heparin is most widely known as an anti-clotting agent, used in heart attacks and to improve circulation in frostbite.

Atherosclerosis is characterized by the development of fatty lesions in blood vessel walls and is the major cause of hardened arteries. Upon close investigation these lesions show deposits of cholesterol, fatty acids, and phospholipids—chemical compounds found in blood and in most body tissues. In later stages these lesions become calcified and hardened.

In normal persons the milky appearance in blood, caused by heavy fat diets, is dissipated in a matter of hours. In persons with atherosclerosis evidence has been accumulated that fats are not properly handled and fail to break down completely, leaving abnormal giant molecules floating around in the blood.

A "clearing factor" produced from the plasma components and heparin was tested in a series of preliminary investigations on individuals with proven myocardial infarction. The findings indicated that the milky appearance in blood was cleared by the clearing factor. Additional work, using the ultracentrifuge, showed a typical reduction in the number of abnormal molecules, with a simultaneous increase in the number of normal molecules in the blood plasma.

The investigators cautioned that their findings are only in a preliminary stage and heavily underscored the need for additional studies before it will be possible to interpret fully the available data.

The accumulated evidence, however, would strongly indicate that enzyme and hormonal factors play an important part in the clearance of lipoproteins in the blood. The findings suggest, therefore, that diet may not be the only factor—and possibly not even an important factor—in the body's ability to handle fats.

— *U.S. Public Health Service*.

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Book Reviews

Modern Dietetics, by Doris Johnson, B.S., M.S. Edited by Hazel E. Munsell, Ph.D. 529 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 1951. Price $5.75.

Reviewed by Sister Mary Loyola, Dietitian, Halifax Infirmary, N.S.

This book is a compilation of up-to-date findings and viewpoints in nutrition together with basic, scientific data, and is written for those engaged in nutrition, especially the student nurse. The contents, comprehensive and authentic, are arranged in four sections.

Section 1 treats of *normal nutrition,* stressing the relationship of each nutrient to the basic daily dietary pattern. Two noteworthy chapters deal with nutrition for the adolescent and the aged. To complete the nutritive picture, there are chapters on food economics, nutrition education, national and religious food customs.

Section 2 on *diet therapy* is planned in keeping with the trend to a minimum of basic diets for the treatment of disease rather than a specific diet to suit each disease. Chapters are arranged to point out the principles of the variation of each element and to enumerate the conditions which cause each change.

Section 3—Introduction to Cookery—presents concise, fundamental information on the selection, care and handling of foods so that "the greatest nutritional value is obtained from them." The reviewer regrets that, in a book of this size and price, recipes have not been included for at least invalid cookery. However, a separate laboratory manual for cookery has been prepared by the same author.

Section 4—the *appendix*—is a compendium of information of value to both the nurse and the dietitian. In addition to the usual extensive tables of food composition, there are tabulated data on the cholesterol, sodium and potassium content of food. Also included is a table on the food composition for short method of dietary analysis and a table of the percentage of trace elements in foods.

All chapters are concluded with a list of thought-provoking, summarizing questions, and an excellent and detailed bibliography of reference material. Illustrations are used aptly throughout the book.

"Modern Dietetics" is to be recommended

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The Directress of Nurses, 343 West 50th Street, New York City 19

as a text for the student nurse, a reliable reference for the dietitian, and a source of dependable and direct information for those engaged in public health work. However, it is regrettable that American nutrition books, when distributed by Canadian agents, must carry the basic daily dietary pattern in place of Canada's Food Rules which are taught here.

Gynecologic Nursing, by Robert J. Crossen, M.D. and Ann Jones Campbell, R.N. 256 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 4th Ed. 1951. Price $4.00. *Reviewed by Dorothy M. Barrett, Clinical Instructor, Royal Victoria Montreal Maternity Hospital.*

This book has been revised, as stated by the author, "because of the increase in the volume of new facts in all branches of medicine, which must be assimilated by the student." Dr. Crossen has concisely covered the gynecologic knowledge necessary to give the student nurse an adequate understanding of gynecologic nursing.

The rearrangement of this edition, so that the nursing procedures are in the chapters where they apply, gives continuity and logical sequence to the text. The interrelated units and grouping of subject matter gives the impression of wholeness but with sufficient independence of units to permit rearrangement for teaching. Pertinent questions and problems at the end of each chapter make the book stimulating. References at the end of each unit help the student to develop further insight. Good illustrations help to clarify the text, the diction is good, and the presentation clear, as are all of Dr. Crossen's books.

Discussed in this text under anatomy are the new ideas on the origin of the primordial follicles; under physiology is included the modern concept of the endocrine and vascular mechanism of menstruation.

The newer work on diagnosis of early unsuspected cancer by the use of the vaginal smear and other diagnostic procedures, such as the use of the culdescope, peritoneoscope, and cul-de-sac puncture in diagnosis of ectopic pregnancy and adnexal lesions, are included. The authors also present the socio-economic aspects of public health and the psychosomatic aspect of nursing. These add to the value of the text and fit in with the present thinking in the prevention and treatment of gynecologic disorders.

This book is excellent for the student and graduate nurse as a reference text and is especially valuable because of its up-to-date material.

Surgical Nursing and After-Treatment—A Handbook for Nurses and Others, by H. C. Rutherford Darling, M.D. and T. Edward Wilson, M.D. 630 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 10th Ed. 1951. Price $3.00.

Reviewed by Verna Williams, Surgical Clinical Instructor of Nurses, St. Boniface Hospital, Man.

This text, printed in London and dedicated to the Australasian Trained Nurses' Association, is somewhat different from the surgical nursing texts we use in our schools.

First of all the organization is different. For instance, in Chapter VI on Specific Infectious Diseases much space is given to tuberculosis: cause, pathology, diagnosis, preventive treatment, disinfection of a sick room, etc. Then in Chapter XXI are operations on the thyroid gland, chest and breast. In a majority of our texts tuberculosis is only taught as applied to surgery of the respiratory tract. Similarly with syphilis and gonorrhea. In this way it seems to include the medical as well as surgical aspects of many conditions.

Secondly, there is subject matter included which is not found in many surgical nursing texts—for instance, Chapter XVIII explains and illustrates bandaging. Chapter XX deals with asphyxia, drowning and artificial respiration. Chapter VI includes snake bites. There are many more instances of differences from our usual texts. This extra material and different organization may be good as it certainly contains a generous amount of information.

The book is clearly written and in detail. Chapter IX, for instance, on ligatures and sutures gives a very good understanding of the type of materials used in most surgical wounds. This is a good guide for student nurses who are gaining experience in operating room technique. The pre- and post-operative care of each surgical condition is clearly and specifically given.

The illustrations throughout are very good and indicate clearly what is desired.

I feel that this book could be used effectively as a text for student nurses and a reference for graduates.

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For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

Anaesthetics and Anaesthesia for Nurses, by W. J. Finnie, M.B., Ch.B., B.Sc., D.A. 110 pages. Nursing Mirror Ltd., Dorset House, Stamford St., London S.E.1, Eng. 1951. Price 7/6d.

Reviewed by Sister M. Mooney, Science Instructor of Nurses, Hotel Dieu Hospital, Cornwall, Ont.

Student nurses feel that there is an aura of mystery surrounding anesthesia and the drugs used in its induction. This book, written by an anesthetist of long experience and high standing, ably dispels some of this mystery in a simple and straightforward manner.

The book is compact, easy to read. The use of heavy and light type stresses the relative importance of subject matter. The illustrations, particularly the schematic sketches, are clear, concise, well-labelled, and uncluttered.

Section I, dealing with pre-medication and pre-operative care, integrates the subject with surgical nursing and pharmacology lectures. Dr. Finnie says that "the preparation of the patient for operation starts with the nurse" and his simplified exposition of the implications of this statement is excellent.

The underlying principles regarding the use and possible abuse of anesthetic agents are clearly outlined in sections dealing, in turn, with general anesthesia, local anesthesia, spinal anesthesia, types of equipment and accessory apparatus. The new International Code of Colors for medical gas cylinders, introduced in 1952, is included in the section dealing with anesthetic apparatus. The important role that oxygen plays and the results of oxygen deprivation to tissues is well explained. In this connection, the unfortunate misuse of the word "controlling" in the sentence, "The cells of the cerebrum controlling will power and reasoning will lose their power to function properly," renders this statement ambiguous.

Most of the anesthetic agents spoken of in the book are used in this country. Some of the names connected with equipment are unfamiliar here—e.g., Gordh needles, Coxeter-Mushin carbon dioxide absorber. The calculation of dosage for children per stone of body weight and the section dealing with drugs administered by midwives, while indicating British authorship, does not detract from the usefulness of this book as a text in Canada. In fact, the broader viewpoint gained by nurses in comparing procedures, used in a different country, with those which she has been taught is, in itself, an education.

The final section devoted to answering pertinent questions which have been asked by nurses—the compatibility of adrenalin and trilene, points regarding anesthesia for diabetic patients—makes this book an informative, up-to-date text for students and a useful teaching aid.

Defence Medical and Dental Services Advisory Board

As the C.N.A. representative to DMDSAB, I have attended the five regular meetings which have been held. Miss Gertrude Hall has been appointed as alternate C.N.A. representative and Miss Marjorie Russell's name has been proposed by Dr. Gullett, the chairman of the Personnel Planning Committee, as an additional member on his committee. Approval for Miss Russell's appointment has been secured.

During the month of April, certain nurses were called to be interviewed by the Special

Committee, DMDSAB, which had been appointed to enquire into ways and means of closer integration of the common functions of the medical services of the three armed forces. The report of this special committee was presented at the meeting of DMDSAB, held in Ottawa on May 21, 1952.

Dr. Cameron, the chairman of the Personnel Survey Committee, reported to the Board that it was now agreed in principle that an inventory of nursing resources should be undertaken as a Civil Defence measure. Arrangements have now been made to do a pilot run in Manitoba, before proceeding with the country-wide inventory suggested. This will give the Department of National Health and Welfare an opportunity of perfecting a technique and enable the Research Division, D.N.H.&W., to estimate actual costs and the necessity for the larger undertaking.

AGNES J. MACLEOD

Representative to the Defence Medical and Dental Services Advisory Board.

Civil Defence Health Planning

On the request of the director of the Civil Defence Health Planning Group, the first meeting of the Advisory Nursing Committee was called on January 23, 1951. Miss Dorothy Percy was appointed as chairman. Since that time the Committee has met to discuss problems affecting nursing referred to it by the other Working Parties of the Civil Defence Health Planning Group. The membership has been kept to the four or five original nurse members, with the understanding that others would be drawn in to work as subcommittees as occasion arose. Since Miss Evelyn Pepper's appointment as nursing consultant on the Civil Defence Health Planning Group, the Committee is now only being called at her request.

The reports which have appeared in *The Canadian Nurse*, and the contacts which Miss Pepper and the originally trained "key" nurses have made across the country, have, I am sure, made everyone familiar with the plans which have now been initiated. The various undertakings of the Advisory Nursing Committee may be summarized as follows:

1. Development of the instructional pro-

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2. An extra month in special departments may be arranged for those nurses preparing for Public Health, Operating Room or Surgical Nursing.

For further particulars apply to:

Director of Nurses, Toronto Hospital, Weston, Ontario

gram for graduate nurses in the Nursing Aspects of A.B.C. Warfare.

2. Meeting of the "key" nurses from across Canada, in Ottawa, to review the teaching guide for the use of instructors on the Nursing Aspects of A.B.C. Warfare, which was prepared for the Committee by Miss Emily R. Groenewald with the collaboration of Miss Esther Robertson and Miss Mildred Walker.

3. Formation of the team of instructors to conduct institutes across Canada.

4. The preparation of nursing detail to be included in the various Civil Defence Health Planning Manuals.

5. The special sub-committee appointed to do a comparative study of the Home Nursing courses of instruction, presently being taught by the St. John Ambulance Association and the Canadian Red Cross Society.

6. The conducting of a trial period of hospital experience for trainees in home nursing.

7. Participation in planning the Action Program and drawing up the detail for the Hospital Survey Kit, recently issued to every hospital of over 25 beds.

8. At the last meeting of the Advisory Committee held on March 3, 1952, the members conferred with Mr. Bailey, the Federal Civil Defence Welfare director, on his request, for assistance in determining the detail on the Health Section of the Welfare Centre with special reference to its responsibilities, which are to be included in the Welfare Services Manual.

At the Quebec convention, Miss Pepper has arranged a Civil Defence exhibit and she plans to be available in the exhibit building to answer any questions. She has just returned from an Eastern and Western tour of regional conferences and through her interest and enthusiasm has, I believe, influenced the decision to initiate a trial run of the Nursing Inventory for Civil Defence purposes in Manitoba.

Through the efforts of the nursing consultant and Advisory Nursing Committee to the Civil Defence Health Planning Group, as well as the organizational work of the provincial groups, Canada now has 1,000 nurses specially prepared to give instruction, as well as 14,000 graduate nurses who have completed the 12-hour course of instruction in Nursing Aspects of A.B.C. Warfare.

In conclusion, however, I feel I must sound a warning note: To have given courses to so many graduate nurses is excellent but it is

just a beginning. Every person who is nursing, either as a graduate registered nurse, student nurse, trained nursing assistant, or in other auxiliary nursing service, must be familiar with Civil Defence measures. All volunteer workers need some Civil Defence instruction. There is, therefore, a tremendous training job to be done and every nurse instructor in A.B.C. Warfare is needed. This is, of course, over and above our regular occupation. The training of auxiliaries is gradually gaining momentum but more nurse instructors are needed if it is going to be accomplished.

Directors of nursing services, as well as hospital and other health agency administrators, have a tremendous responsibility for the lives and treatment of their patients, as well as their employees.

"Civil Defence is here to stay" and until every person has accepted that fact and fitted it into his philosophy of life, making training and preparedness a "must," we will be caught wanting on N.E. Day (National Emergency Day).

AGNES J. MACLEOD

Representative of the Advisory Nursing Committee to the Civil Defence Health Planning Group.

Committee on Health Insurance

In February, 1952, the Committee on Health Insurance made the following recommendation to the Executive Committee of the Canadian Nurses' Association:

"That since there is the possibility that a parliamentary committee on Health Insurance will be appointed in the near future, this Committee recommends that a brief on the place of nursing in National Health Insurance be prepared immediately by the Canadian Nurses' Association for presentation to the proper authorities."

This recommendation was accepted by the Executive Committee and the decision reached was to the effect that a member of the Canadian Nurses' Association would be appointed to prepare the brief.

Since a parliamentary committee was not appointed at this session, the writing of a brief was temporarily postponed.

After further discussion at a meeting held April 8, the Committee on Health Insurance

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Qualifications: Candidates must be eligible for registration in British Columbia and have completed a University degree or certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province; cars are provided.) Further information may be obtained from the *Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria.*

● Candidates must be British subjects, under 40 years of age, except in the case of ex-service women who are given preference. Application Forms obtainable from all *Government Agencies, the Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver 1,* to be completed & returned to the

Chairman, Victoria.

agreed that the following statement contains the essential principles that should serve as a basis for the contents of the brief:

"In any scheme to provide health services, nursing service by professional and auxiliary personnel is essential and should, therefore, be included in a National Health Insurance Plan and should be available to anyone wherever this service is required (in hospital or in the home). Nurse representatives should be appointed to all councils, boards or commissions whose functions include the organization, administration, and supervision of nursing service."

In view of the problems facing nursing at present, preparations for implementing nursing service in a Health Insurance Plan would need to include consideration and further study of the following:

1. Availability of nursing personnel and nursing service.
2. Distribution of nurses.
3. Ways and means of financing nursing education.
4. Preparation of additional nurses.
5. Ways and means of financing nursing service.

ESTHER ROBERTSON
Chairman

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Willow Chest Centre & George Pearson Unit—Two hospitals located in Vancouver. All major services & student affiliation course. Registration in B.C. required. *Gross Salary:* $210.00 per mo.; annual increments of $5.00 per mo. (over 6-yr. period), rising to $245. No residence accommodation.

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Conditions—All Units—8-hr. day; 5½-day wk., rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 18 days per yr. (12 cumulative). Promotional opportunities. Superannuation.

Write for information & applications to:

Supt. of Nurses in respective Units or to Personnel Assistant, Division of T.B. Control, 2647 Willow St., Vancouver 9, B.C.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments—Kingsville: *Eleanor Smith* (Grace Hosp., Windsor, Ont., and University of Western Ontario) as nurse in charge. London: *Hilda Klahsen* (Victoria Hosp., London, and U.W.O.). Lunenburg, N.S.: *Gladys MacLennan* (Montreal Gen. Hosp. and Dalhousie University, Halifax), as nurse in charge. Montreal: *Betty May Parsons* (Queen Elizabeth Hosp., Montreal). Saint John, N.B.: *Muriel Mackenzie* (Saint John Gen. Hosp.). Sydney, N.S.: *Mary MacLeod* (City Hosp., Sydney). Thorold, Ont.: *Donna Thompson* (Kitchener-Waterloo Hosp. and University of Toronto). Waterloo, Ont.: *Louise Schummer* (St. Mary's Hosp., Kitchener). Winnipeg: *Betty Alice Root* (Winnipeg Gen. Hosp).

Transfers—*Jean Allen* from Winnipeg to Victoria; *Agnes Dick* from Ottawa to Lincoln County; *Eveleen Dunne* from Victoria

to Calgary; *Jean Sawdon* from Saskatoon to Edmonton; *Constance Swinton* from Lincoln Co. to Guelph as nurse in charge.

Resignations—Brampton, Ont.: *Virginia Blackhurst* as nurse in charge. Burnaby, B.C.: *Doreen Pope*. Fort William: *Mrs. Marjorie Rutherford*. Galt, Ont.: *Evelyn Stoskopf* as nurse in charge and *Yolande Paradis*. Guelph, Ont.: *Betty Cox* as nurse in charge. Kentville, N.S.: *Margaret Nesbitt* as nurse in charge. Kingsville: *Muriel Morgan* as nurse in charge. Kirkland Lake, Ont.: *Elizabeth (Ferguson) Willner*. London: *Mrs. Lorraine Hollinger*. Medicine Hat, Alta.: *Beulah Rose*. Montreal: *Violet Dick*. Toronto: *Mmes Betty Grant, Marion Moorhouse*. Winnipeg: *Mrs. Kathleen Hughes*.

News Notes

ALBERTA

CALGARY

Thirty-two years of service to the veterans of Col. Belcher Hospital ended in June for M. E. G. Lamplough, a graduate of Jeffery Hale's Hospital, Quebec City. Miss Lamplough joined the staff in 1920 and has been associated with the hospital ever since. A nursing sister in World War I, she served with No. 1 General Hospital in Etaples, France, when it was bombed in 1918. A farewell gift was presented to her from her associates at the hospital by Dr. R. K. Johnston who served overseas with Miss Lamplough.

Vera P. Lucke, formerly on the staff of Mineral Springs Hospital, Banff, is now with the Red Cross Crippled Children's Hospital.

Lois Kremer, a native of Innisfail, and a graduate of Holy Cross Hospital, has accepted a position in Edmonton as Nurse Coordinator for Civil Defence Administration. Miss Kremer has taken a university course in pharmacy and was formerly matron of the hospital at Hanna.

BRITISH COLUMBIA

CHILLIWACK

At a meeting of Chilliwack Chapter plans were made to enter a float in the local Cherry Carnival. The annual Spring Tea was held during the past months. Mrs. A. Edmeston was selected to represent the nurses at the high school graduation exercises. The members assisted with the Recreational Centre tag day. Mrs. F. Barwell and K. Crowley, delegates to the R.N.A.B.C. convention held in Victoria, gave their reports. N. Kennedy, who will carry on her duties in Cloverdale, was presented with a parting gift from the chapter.

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3. This course is authorized by the **Department of Public Health** of which the Nova Scotia Sanatorium is a unit.

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For particulars apply to Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

and counselled anxious mothers on the treatment of mumps, measles, and whooping cough. She journeyed by toboggan through the winter bush trails to visit the sick. Late at night and as she watched at bedsides, Mrs. Tennis wrote her experiences on bits of paper. She has had articles accepted by well known magazines.

NOVA SCOTIA

HALIFAX

Victoria General Hospital

Mrs. T. Carpenter was re-elected president at the annual meeting of the alumnae association when other officers were named as follows: Vice-presidents, Mrs. H. S. T. Williams, S. Nott; secretary, L. Hiltz; treasurer, G. Flick. Committees: Visiting, M. Ripley, Mrs. D. Grant; entertainment, J. Elliott, N. Harris, M. Hatfield, Mmes C. A. MacDonald, M. Parker. Board of directors, R. Vincent, G. Gunn, Mrs. J. M. Cameron.

Mrs. Williams was named delegate to the R.N.A.N.S. annual convention at White Point Beach. The student nurse to be sent as a delegate by the alumnae will be chosen by the Students' Council. Money was voted for an "efficiency" prize, presented annually to a member of the graduating class. During the past months, study was given to the constitution and by-laws and several amendments were made. Groups were organized to carry on Red Cross work and $25 was donated to the Students' Council Year Book. Boxes were sent regularly to an elderly woman in England. Eight dollars was donated during the year to charitable organizations.

The next meeting is scheduled for October.

ONTARIO

DISTRICT 4

OAKVILLE

A replica hospital room (*see photo*), complete with curtains, oxygen tent, bed, tables, a live patient, and a nurse on duty, (nurses from the Oakville-Trafalgar Memorial Hospital), proved an outstanding feature of the Home and Industry Show recently held in Oakville.

The hospital room did not take up the whole booth so in the remaining half of the booth ladies from the Women's Auxiliary exhibited their tuck wagon and handed out copies of the O.T.M.H. Annual Report; along with this literature they gave away a rose,

Photo by Charles Osland, Oakville, Ont.

COMMUNICABLE DISEASES

By Nina D. Gage, John Fitch Landon and Helen T. Sider. Latest edition of a widely-used textbook. Particular attention has been given to the employment of antibiotics. Atypical virus pneumonia, Q fever and a chapter on anthrax are included. 538 pages, 56 illustrations, sixth edition, 1951. $5.50.

PSYCHIATRIC NURSING

By Katharine McLean Steele and Marguerite Lucy Manfreda. An authoritative book for students and graduate nurses. "Instructors will recognize all of the basic items which they have sought to collect from their nursing experience and pass on to students."— Reginald Driscoll. 584 pages, 91 illustrations, fourth edition, 1951. $5.00.

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• Course begins ***September 8, 1952, January 12, 1953,*** and ***May 4, 1953.*** Enrolment limited to a maximum of six students.

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• Course begins ***Aug. 25, 1952, Jan. 12, 1953,*** and ***May 4, 1953.*** Enrolment limited to a maximum of eight students.

For further information write to:

Supt. of Nurses, General Hospital, Winnipeg, Man.

VANCOUVER

St. Paul's Hospital

The following nurses attended the R.N.A.-B.C. annual meeting held in Victoria in May: Mrs. Murray (alumnae representative), Mrs. J. Lane, Misses B. McGillivray, Cunningham, Flower, H. Yule, E. Gilmour. Among the Sisters present were: Srs. Columkille, Ann Antoinette from Dawson Creek, and M. Celestine. Also present were: B. (Allaice) Barwell from Chilliwack, M. (Laidlaw) Beattie, and T. (Harvey) Nash.

The 1952 annual Spring Ball, in aid of the Sick Benefit and Benevolent Fund, was very successful, both socially and financially. There were 717 people present. The convener was R. Wolff assisted in various capacities by: K. Dufton, M. Stuart, M. Audet, J. O'Reilly, Mmes A. Lawson, A. Barnes, W. Martin, G. Collishaw, M. Banner, and G. Brammall.

The bazaar committee, under the convenership of M. (Murphy) De LaSalle, is sending out an appeal for favorite recipes. They intend to compile a cookbook for the bazaar, the Dunbar group taking charge of collecting the recipes.

Miss Scratch, immediate past president of the Student Nurses' Association of B.C., represented the school of nursing at the C.N.A. convention in Quebec. A $50 cheque was presented to her by the alumnae.

Sr. T. Amable, past superintendent of nurses, is now superior in Cranbrook. Miss Whiting is leaving 2nd North to work for Dr. Grimmett. S. Kibler and F. Ehman are on the staff of a hospital in Honolulu. Miss Doutrie is nursing in Seattle. Sr. Helen Marie has been posted at St. Mary's in New Westminster. Miss Kunderman is on the teaching staff at Willow St. Chest Centre. E. Dzubin and P. Beesley are at Quesnel Hospital. P. Baseley is at King Co. Hospital, Seattle.

MANITOBA

BRANDON

Tribute to a nurse with more than three decades of service in pioneer communities was paid Mrs. Mary K. Tennis of Carberry and Virden at the annual dinner of the Association of Graduate Nurses. Special guests were the new graduates of the two schools of nursing of Brandon. Currently engaged as night supervisor at the Virden Hospital, Mrs. Tennis has resided for the past six years with her husband on a farm northwest of Carberry. Born in a remote section of Texas, she graduated from the Baylor School of Nursing at Dallas, specializing in obstetrical nursing.

Following her marriage in Kansas City, Mrs. Tennis came with her husband to make her home at Mervin, Sask. Drought forced the family to the bush wilderness, 21 miles north of Meadow Lake and the end of steel in northern Saskatchewan. For 50 miles there was no hospital or doctor. The 22′ by 22′ cabin of the Tennis home became the community hospital. She cared for maternity cases, applied dressings to bad axe injuries,

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• Announces a five-month supplementary ***Clinical Course*** (approved by the New York State Education Department) ***for Graduate Registered Nurses*** in the nursing care and treatment of diseases of the eye, ear, nose and throat. Operating room training is included in the course.

• During the entire period the student will receive a monthly stipend of $80 and full maintenance.

• A pamphlet, detailing more complete information, will be sent upon request to:

Director of Nursing Service,
210 East 64th St.
New York City 21, N.Y.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on **October 15, 16 and 17, 1952,** at **Halifax, Yarmouth, Amherst, Sydney,** and **New Glasgow.** Requests for application forms should be made at once and forms MUST BE returned to the Registrar by **September 15, 1952,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of Nursing.

NANCY H. WATSON, R.N., Registrar
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for which in most cases they received a donation. Space for the booth was donated by the Junior Chamber of Commerce.

The most successful drawing card within the booth was a pillow radio, installed and working at the head of the bed. This proved a great attraction for the males and enticed them into the booth; then the ladies in the visiting party were approached with a copy of the Report and a rose.

The exhibit cleared approximately $250 in donations during the three-day show and was considered a great success by Publicity Chairman, Sydney Lambert. It was estimated that about 4,000 people saw the exhibit and were made aware, through personal contact, of the hospital's need for their support.

DISTRICT 5

TORONTO

St. Michael's Hospital

The annual Spring Tea was held in April by the alumnae association when the guests were received by the president, G. Ferguson, and the conveners, Mrs. H. Martin and M. Quinlan. Presiding at the tea-table were: D. Murphy, M. Simpson Ray, K. Hammil, M. Holmes, M. Berger, S. Williams, M. Morrison, and Mrs. A. Romano. Miss Regan, student nurse, contributed piano selections.

At a meeting of the alumnae D. Boman reported that $252 was cleared on the dance. D. Murphy represented the alumnae at the C.N.A. convention in Quebec.

F. and A. Murphy are on the staff of St. Mary's Hospital, New Westminster, B.C. M. Weldon, D. Wylie, B. Evans, A. Marshall, and M. McKay are at the Presbyterian Hospital, New York. L. La France has graduated from the five-week course for T.C.A. stewardesses in Montreal.

DISTRICT 7

KINGSTON

The Ontario Hospital was the locale of the district meeting when Sr. Mantle, chairman, presided. She gave a report of the R.N.A.O. meeting in Toronto and Miss Preston of Brockville described the C.N.A. convention held in Quebec. The guest speaker was Dr. R. C. Burr, of the Kingston Cancer Clinic, whose talk was accompanied by films on skin cancer. A picnic lunch and a trip through the hospital grounds were enjoyed by the members.

J. Goddard, Kingston General Hospital, was elected first vice-chairman, while Miss Wood, superintendent of the Public Hospital, Smiths Falls, is now second vice-chairman.

QUEBEC

MONTREAL

General Hospital

During the C.N.A. convention in Quebec City in June, a M.G.H. luncheon was held at the Habitant Inn with 22 graduates present (*see photo*). B. Underhill, from Bermuda, had

travelled the farthest of the group to be present at the convention.

Royal Victoria Hospital

Attending the C.N.A. convention in Quebec City were: H. Lamont, W. MacLean; L. Ellis, representing the alumnae association; J. Trenholme from the Staff Nurses' Association; D. Wright, C. V. Barrett, E. Flanagan, and G. Yeats.

During Convention Week a very successful R.V.H. breakfast was held, attended by: H. Lamont, E. Geiger, E. Hartig, E. Flanagan, W. MacLean, M. Street, M. Cogswell, M. Nesbitt, E. J. Green, G. Yeats, G. Hopkins, E. Martin, L. Ellis, J. Trenholme, Mrs. (Barnett) Crewdson, and M. (Paterson) Botsford. G. MacKnight, J. Whittier, F. Lyons, and M. McKillop represented the R.V.H. student nurses at the convention.

E. MacLennan, director of Dalhousie University School of Nursing, and E. Hennigar, Victoria Public Hospital, Fredericton, were also present in Quebec.

E. J. Green is now acting director, McGill School for Graduate Nurses, replacing E. Honey. Letters have been received from M. Hudson who is in India with WHO and from J. Bulman who is doing post-graduate work in ophthalmology in England. Visitors to the school of nursing have been B. (Stewart) Sullivan, I. Cody, and H. (Shanks) Nodwell. E. Hartig is back home for further study before returning to southern India.

QUEBEC CITY

Jeffery Hale's Hospital

Nine nurses received their diplomas at the May graduation exercises when the guest speaker was Dr. W. P. Percival. Prize winners included: M. Fullerton, R. Wetmore, L. Stonehouse, M. Henderson, and M. Doherty. A dinner was held for the graduates by the alumnae association at the Chateau Laurier. The following evening a ball was held in their honor by the governors of the hospital.

An enjoyable reunion supper was held in the nurses' residence for the graduates who had returned to their home town to attend the C.N.A. biennial convention at the Chateau Frontenac.

M. Jones has returned to J.H.H. to replace Mrs. N. Street as health instructor.

SASKATCHEWAN

SASKATOON

St. Paul's Hospital

Sr. A. Ste. Croix, director of nurses, attended nurses' conventions in Cleveland, Ohio, and Quebec City. M. O'Hara, O.R. supervisor, and L. Costello, obstetrical supervisor, also attended the C.N.A. convention in Quebec. Sr. B. Bezaire, superior, and Sr. J. Quintal, attended the Hospital Administrator Institute in Vancouver. In June, Mr. G. Bergstrom gave a constructive talk on "Radio Speaking" to the 3-A public speaking group.

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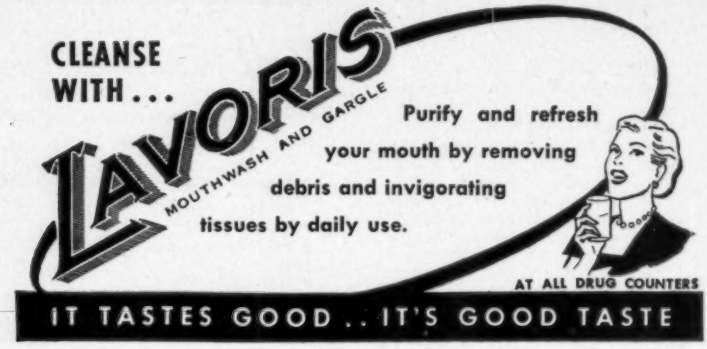

Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Night Supervisor for small General Hospital. Salary: $170 per mo. plus full maintenance. 2 nights per wk. off duty. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Head Nurse, with post-graduate training preferred, to take charge of Nursery. Gross starting salary: $2,652 or, if qualified, $2,730 per annum. Apply Director of Nursing, Civic Hospital, Peterborough, Ont.

Public Health Nurses (bilingual) for generalized program in County Health Unit. Halfway between Ottawa & Montreal. Car provided or mileage allowance on privately owned car. Minimum salary: $2,400. Apply Medical Officer of Health, Prescott & Russell Health Unit, Hawkesbury, Ont.

Registered Nurses for 100-bed hospital. 8-hr. day, 6-day wk. 1 week-end per mo. Rotating shifts. 3 wks. holiday per yr. Full maintenance. For full particulars apply Director of Nurses, St. Vincent de Paul Hospital, Brockville, Ont.

Graduate Nurses—Attention! We're adding a few beds & will be needing a few nurses. Are you interested in working in a 50-bed active hospital close to Vancouver, B.C.? Salary & holidays according to R.N.A.B.C. recommendations. Apply Miss M. R. Ward, Langley Memorial Hospital, Langley Prairie, B.C.

Supt of Nurses, Asst. Supt. of Nurses for 177-bed hospital. State salary expected. **Nursing Arts Instructor.** Salary: $220 gross. **Science Instructor.** Salary: $220 gross. **Head Nurse** for Private Wing—27 beds. Salary: $215 gross. **General Duty Nurses** for obstetrical, medical & surgical floors. Salary: $180-195 gross, depending on experience. 44-hr. wk. 2½ days holidays per mo. Half day on statutory holidays. 1½ days sick time per mo. cumulative to 30 days. Charge of $30 per mo. for board & room. Apply Mrs. M. Alexander, Acting Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Nursing Arts Instructor & Asst. Supervisor for Operating Room for 450-bed General Hospital with 150 students Apply Director of Nursing, General Hospital, Saint John, N.B.

General Duty Nurses. Salary: $162.50 per mo. for new graduates plus 2 meals, laundry. 8-hr. day, straight shift. $15 differential evenings; $10 nights. Vacation, sick time, statutory holidays, annual increments. Financial recognition for university, post-graduate work or yrs. of experience. Also **Operating Room Supervisor** for Oct. 1. Mature person with wide experience. Salary open. Annual increments, vacation & sick time. 48-hr. wk. Will pay travel expenses for personal interview. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Instructor of Nursing, Clinical-Obstetrical Supervisor & Operating Room Supervisor—all applicants must be qualified—for Victoria Public Hospital, Fredericton, N.B. Apply Director of Nursing.

Director of Nursing by Aug. 26 for 150-bed General Hospital. Staff of 35 registered nurses, 5 trained nursing assistants, 75 students enrolled in 3-yr. course. Salary commensurate with qualifications & experience. Apply Administrator, General Hospital, Chatham, Ont.

CANADIAN RED CROSS SOCIETY

invites applications for **Administrative** and **Staff** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

- The majority of opportunities are in **Outpost Services** in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.

For further particulars apply:

National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.

Public Health Nurses for Simcoe County Health Unit for generalized program. Salary: $2,300-2,800. Annual increment $100. Sick leave plan. 4 wks. vacation. Blue Cross Plan available. Transportation allowance. Apply Mr. J. R. Coleman, Sec.-Treas., Court House, Barrie, Ont.

Vancouver General Hospital invites immediate inquiries from **Graduate Nurses** for Staff Vacancies. Salaries: $222 as minimum & $258 as maximum per mo. plus shift differentials for evening & night duty. Employee benefits include: 44-hr. wk; 11 public holidays; 4 wks. vacation; 1½ days per mo. cumulative sick leave; pension plan if under 35. Acceptable qualifications for registration in B.C. necessary. Apply Director of Nursing, General Hospital, Vancouver 9, B.C.

Instructor of Nurses for Training School of 35 students. Attractive salary & maintenance provided. Usual holidays & sick time allowed. Apply Medical Supt., Victoria Hospital, Winnipeg, Man.

Night Supervisor, General Duty Nurses, Registered & Grace Maternity Graduates, Laboratory Technician. Apply, stating experience, Supt., Queens General Hospital, Liverpool, N.S.

Graduate Nurses for completely modern West Coast hospital. Salary: $210 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Also **Evening Supervisor** from 4:00 till midnight. Salary commences at $225. Working conditions & perquisites same as nurses. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

General Duty Nurses for 430-bed hospital. 44-hr. wk. 11 statutory holidays. Salary: $215-253. Credit for past experience. Annual increments. Cumulative sick leave. 28 days annual vacation. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 60-bed hospital. Salary: $150 per mo. with 3 annual increments of $5.00. 48-hr. wk. Straight 8-hr. duty. $5.00 extra for evening & night duties. Full maintenance. 4 wks. vacation at end of 1 yr. service plus 8 statutory holidays. Apply Alexandra Marine & General Hospital, Goderich, Ont.

General Duty Nurses for Operating Room, Pediatrics & Surgical & Medical Nursing. For information & personnel policies apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses. Salary: $173.23 (one hundred seventy-three dollars & twenty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. **Scrub Nurse.** Salary: $184.84 less $33 for perquisites. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day: 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Staff Nurses for 250-bed hospital. Salary: $2,340 per annum. 45-hr. wk. 30 days holiday after 1 yr. service. Railway fare up to $50 refunded at end of 1 yr. **Nursing Arts Instructor, Science Instructor, Clinical Instructor**—with university post-graduate certificates. Salary: $2,760 per annum. For further information apply Director of Nursing, General Hospital, Port Arthur, Ont.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. **For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.**

• WANTED •

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for

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London, Ontario.

- Recently enlarged Pediatric Division of Victoria Hospital, London, offers excellent opportunity for experience in Pediatrics to Graduate Nurses. Previous experience in children's nursing not necessary.
- Active 150-bed Children's Hospital. Good Personnel Policies.

Apply:

Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurse (salary open) & **Registered Nurses** for 60-bed General Hospital. Salary: $150 per mo. plus full maintenance. 44-hr. wk. 3 wks. vacation. Apply Supt., Public Hospital, Smiths Falls, Ont.

Registered Nurses (2). Salary: $13 per 8-hr. day plus one meal. Apply Supt., W. J. Harrington, Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Mich. (*Phone WAlnut 3-7319*)

Municipal Nurses for Province of Alberta. Rural service, emergency treatment, preventive & maternity program. Salary: $2,160-3,000 depending on qualifications & experience plus modern furnished cottage. Excellent sick leave, pension & vacation benefits. Apply Director, Nursing Division, Dept. of Public Health, Administration Bldg., Edmonton, Alta.

General Duty Nurses (2) for 36-bed hospital on C.P.R. main line & Trans-Canada highway. Salary: $155 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. 1 mo. holiday with pay plus statutory holidays each yr. 8-hr. day, 44-hr. wk. with rotating shifts. Apply Supt., Municipal Hospital, Brooks, Alta.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross initial bi-weekly salary: $83 plus Cost of Living Bonus of approx. $6.00 per wk. 44-hr. wk. For other perquisites & further information apply C. E. Brewster, Supt. of Nurses.

Registered Nurses for General Duty for small General Hospital. Salary: $140 per mo. with full maintenance. 6-day wk. 8-hr. duty, rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross paid. 10 days sick leave per yr. 6 statutory holidays. 28 days holiday. Apply Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

General Staff Nurses for newly constructed hospital. Starting salary: $175 per mo. plus $10 differential for afternoon duty. Additional pay for post-graduate study & operating room technique & obstetrics. Good personnel policies. Apply Director of Nurses, General Hospital, Guelph, Ont.

General Duty Nurses for 500-bed Teaching Hospital with well planned rotation schedule. Salary: $210 per mo. gross plus annual increments for 4 yrs. B.C. registration required. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Graduate Nurses immediately for Central Alberta Sanatorium, Calgary, Alta. Minimum gross monthly earnings—$200 & up—depending on experience, less $30 for maintenance. Excellent holiday, sick leave & pension benefits. Apply Supt. of Nurses.

Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for St. Joseph Hospital, Mt. Clemens, Michigan. 25 miles north of Detroit, near Selfridge Air Force Base. Optional 40- or 44-hr. wk. **Staff Nurses:** $12 day duty; $13 afternoon or night duty. State Standards. Apply Director of Nursing Service.

Registered Nurses (2) & **Matron** for hospital with 27 set up beds. Salaries: $160 & $200 per mo. plus full maintenance. 1 mo. holiday & usual sick leave. Hospital located in thriving town with good train & bus service. Apply Sec.-Mgr., Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

• WANTED •

OPERATING ROOM SUPERVISOR AND EXPERIENCED STAFF

The Victoria Hospital, London, Ontario, will receive applications for Operating Room staff as follows:

(1) For **Trained and Experienced Supervisor.**

(2) For **Experienced Scrub Nurses.**

- Active Surgical Department. • Excellent Personnel Policies.
- Interesting Operating Room Experience.

Apply:

Director of Nursing, Victoria Hospital, London, Ontario.

General Staff Nurses will find real opportunity to realize their ideals in our 337-bed Teaching Hospital with University affiliation. Community offers unlimited choice of cultural & recreational facilities. 40-hr. wk. 3 wks. vacation. Paid sick leave. Rotating shift $1.30-1.40 per hr. Differential of 10 cts. per hr. for evening & night shifts. Apply Director of Nurses, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Registered Nurses, with Pediatric experience preferred, as **Head & Asst. Head Nurses** for Pediatric-Orthopedic Hospital. Apply Director, Shriners' Hospitals for Crippled Children, Montreal 25, Que.

Graduate Nurses for 175-bed Tuberculosis Sanatorium near Prince Rupert. Salary for General Duty, $232 per mo. plus yearly increases. Room, board, laundry at $30 per mo. Transportation refunded on promise of 1 yr. service. Apply airmail, giving full details of experience, Matron, Miller Bay Indian Hospital, Box 1248, Prince Rupert, B.C.

Public Health Nurses for Greater Montreal Branch of Victorian Order of Nurses. Interesting program of nursing care & health education to families & patient study groups. Stimulating staff education program. Salary: $2,400-3,000 with annual increments. Initial salary based on previous experience. 5-day wk. 4 wks. vacation. Apply District Supt., Victorian Order of Nurses, 1246 Bishop St., Montreal 25, Que.

Matron (fully qualified) for Union Hospital, Kindersley, Sask. Applicants preferred with at least 3 yrs. experience as matron. Fully modern, 40-bed hospital, built 2 yrs. ago. Very well equipped for general practice. New equipment. Staff of 11 R.N.'s with O.R. nurse; 4 doctors in practice. Town of Kindersley on main C.N.R. line Saskatoon to Calgary. Pop., 2,500. Very progressive town with facilities for entertainment. Apply, stating salary required, with copies of references, D. Fisher, Sec.-Mgr., Box 425, Kindersley, Sask.

Registered Nurses for Floor Duty in modern 50-bed hospital. Good working conditions. 8-hr. day, rotating shifts. Gross salary: $170 & $175 depending on experience. Increase every 6 mos. to maximum of $185. Apply Supt., District Memorial Hospital, Leamington, Ont.

Graduate Floor Duty Nurses for Mount Hamilton Maternity Hospital, Hamilton, Ont. 44-hr. wk. Statutory holidays. Initial gross salary bi-weekly: $83 plus Cost of Living Bonus. For other perquisites & further information apply Supt.

Matron for 20-bed hospital at Terrace, B.C. Salary: $265 to start—room & board $40. Modern bldg. with private rooms for matron & 5 nurses. Busy growing town; mild climate. Industry—lumbering & fruit-growing. Beautiful mountain scenery. 3 doctors practising. Applicant must be graduate nurse & able to handle supervision of nurses, also X-Ray & Operating Room. **Graduate Nurses.** Salary: $225—room & board $40. Transportation arranged. Apply Sec., R.C. Sandover-Sly, Terrace & District Hospital Ass'n, Terrace, B.C.

Science Instructor & Nursing Arts Instructor with University courses. Apply Director of Nursing, General Hospital, Galt, Ont.

Asst. Night Supervisors (2)—capable of taking charge in Delivery Room. Gross salary: $210-265. 44-hr. wk. May live in residence. For full particulars apply Supt. of Nurses, General Hospital, Moose Jaw, Sask.

Asst. Director of Nursing Service. Full information on application. **Night Supervisor** (1). For 200-bed hospital in Niagara Peninsula. Gross salary: $255. **Registered Nurses** (2) with graduate experience in Operating Room. Gross salary: $215. 21 days vacation on completion of 1 yr. **Registered Nurses for General Duty.** Gross salary: Days—$210; afternoons—$220;

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nights—$215. 21 days vacation annually. 48-hr. wk., no broken shifts. 3 annual increments to all registered staff. Accommodation available in residence. Refund of train fare on completion of 12 mos. service. Sick leave—1½ days per mo., cumulative to 54 days. 9 statutory holidays. Apply Director of Nursing, County General Hospital, Welland, Ont.

General Duty Nurses. Basic monthly salary: $150 plus full maintenance. For well equipped 70-bed hospital with all-graduate staff. Apply Supt. of Nurses, Douglas Memorial Hospital, Fort Erie, Ont. (10 min. from downtown Buffalo).

General Duty Nurses for 680-bed General Hospital with School of Nursing. Beginning salary: $258; increase to $273 at end of 6 mos. employment. $15 increase 1 yr. after 1st increase. Differential of $10 for special services & p.m. & night duty. 40-hr. wk. 11 paid holidays. 3 wks. vacation. Free laundry. Cumulative sick leave. Temporary housing available. Apply Director of Nursing Service, General Hospital, Fresno, California.

General Duty Registered Nurses for 35-bed hospital—one for Oct. 1, one for Nov. 1, 2 for Dec. 1. Salary to start: $160 per mo. & maintenance. Separate nurses' residence. At end of 1 yr. service 2 wks. holiday plus 2 wks. in lieu of statutory holidays. Also **Laboratory Technician**—one who is willing to learn & do X-Ray work. For further particulars apply Matron, Municipal Hospital, Vulcan, Alta.

Registered Nurses for 40-bed Municipal Hospital at Taber, Alberta. Salary: $150 per mo. plus full maintenance & $5.00 increase every 6 mos. 44-hr. wk. Statutory holidays. 3 wks. vacation after 1 yr. service. New & modern nurses' home. Apply Matron.

General Duty Staff Nurses for 515-bed General Hospital. Beginning salary: $230 per mo. with advancement to $250. $20 additional for evenings & nights. 40-hr. wk. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

Asst. Supt. for Royal Alexandra Hospital, Edmonton, Alberta. For further information apply Supt. of Nurses.

General Duty Nurses. Vacancies in Pediatrics, Obstetrics, Medical & Surgical Nursing. Minimum gross salary: $195. Apply Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

Hospital (Lady) Supt. for new 60-bed Alexandra Hospital at Ingersoll, Ont. Send written applications to R. S. Foster, Ingersoll.

Nursing Arts Instructor & Clinical Instructor for School of Nursing. 73 students. One class a yr. Apply Director of Nursing, General Hospital, Stratford, Ont.

Surgical Clinical Supervisor (1) with post-graduate preparation & with, preferably, at least 1 yr. experience for School of Nursing, Providence Hospital, Moose Jaw, Sask. Salary & hrs. of duty in accordance with Sask. Reg. Nurses' Ass'n recommendations. For further information apply Director of Nursing.

Registered Nurses for General Staff in 21-bed hospital. Salary: $155 per mo. Room, board & uniform laundry provided. Rotating shifts. 48-hr. wk. Blue Cross Plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, General Hospital, Espanola, Ont.

Registered Nurses for Sunnybrook & Westminster Hospitals, Toronto & London, Ontario. Salary: $2,300-2,930. Information & application forms available at Post Offices. The latter should be filed with the Civil Service Commission of Canada, 1200 Bay St., Toronto 5, Ont., as soon as possible.

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Chief Superintendent,
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General Duty Nurses (2) for 50-bed Hospital for Crippled Children. Salary: $200 per mo. less $44 board & lodging. 44-hr. wk. 28 days annual vacation & 10 statutory holidays. Single room living accommodation in new residences, adjacent to Solarium which is situated by the sea within driving distance of Victoria, B.C. Recreation facilities include tennis, swimming & boating. Apply, stating age & qualifications, Director of Nursing, Queen Alexandra Solarium for Crippled Children, Cobble Hill P.O., B.C.

Nursing Arts Instructor, Clinical Instructor, Dietitian & Staff Nurses. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Supt. of Nurses for 22-bed Union Hospital, Hafford, Sask. Hospital is well equipped & has a staff of 4 nurses, 4 aides, combined laboratory & x-ray technician, maid, cook, asst. cook & janitor. Straight 8-hr. shift. Separate nurses' residence. Business matters handled by full-time sec.-manager. Apply, stating qualifications & salary expected, to Supt. of Nurses.

Director of Public Health Nursing for Dept. of Health, City of Ottawa. Staff of 22 nurses & 4 supervisors. Generalized public health nursing program. Apply Dr. J. J. Day, Medical Officer of Health, Transportation Bldg., 48 Rideau St., Ottawa 2, Ont.

General Staff Nurses. Also **Science Instructor.** 125-bed General Hospital. 40 student nurses. 4 wks. vacation. Excellent salary. Apply, stating qualifications, Supt., Soldiers' Memorial Hospital, Orillia, Ont.

Public Health Nurse by Sept., preferably bilingual, with experience in T.B., organizational work & statistics. For Mt. Sinai Sanatorium at Prefontaine, Que. (in Laurentian Mts.). Sponsored by Federation of Jewish Philanthropies, this is a non-sectarian hospital but majority are Jewish patients. Work week: 2 days at San., 2 days doing field work in Montreal & 1 day compiling statistics & contacts. Apply Mrs. H. M. Ripstein, Apt. 303, 5025 MacDonald Ave., Montreal 29, Que. (Phone *WAlnut 7875*).

Supt. of Nurses for Manitoba Sanatorium, Ninette, Man., by Sept. 1. Suitable background of tuberculosis nursing essential. Must also possess tact & ability to deal satisfactorily with patients & staff. Preference for person with good supervisory experience and/or training in nursing administration. Institution has 270 beds, up-to-date equipment & provides major surgical & bedside nursing. Student nurse affiliation. Good living & working conditions, group insurance, retirement plan, etc. Minimum starting salary: $3,180 per annum. Apply Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

Director-Instructor, School of Practical Nursing; also **Registered Nurses** (4), Ganado Mission, Ganado, Arizona. **Director of Nurses;** also **Science Teacher,** Presbyterian Hospital, San Juan, Puerto Rico. **Nursing Supervisor,** qualified to give anesthesia; also **Registered Nurses,** Valley Hospital, Palmer, Alaska. **School Nurses,** Sheldon Jackson Junior College, Sitka, Alaska & Menaul School, Albuquerque, New Mexico. **Registered Nurses** (urgent), Presbyterian Hospital, Embudo, New Mexico. All candidates must be single, Protestant, in good health & under 50. Write Dept. of Missionary Personnel, Presbyterian Board of National Missions, 156 Fifth Ave., New York 10, N.Y.

Asst. Director of Nursing for 146-bed General Hospital. Preferably post-graduate. Salary to be discussed. Apply Director of Nursing, Reddy Memorial Hospital, 4039 Tupper St., Montreal 6, Que.

UNIVERSITY OF WESTERN ONTARIO SCHOOL OF NURSING

Offers the following programmes:

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For further information write to:

The Dean, School of Nursing, University of Western Ontario, London, Ont.

NURSES WANTED

The **Indian Health Services** of the **Department of National Health & Welfare** require ***Registered Nurses & Licensed Practical Nurses*** for Hospital, fully modern Outpost Nursing Stations & Public Health Nursing positions.

Beginning Salaries — ***Registered Nurses,*** $2,300-2,720. ***Licensed Practical Nurses*** with 2 yrs. experience, $1,920-2,220. 44-hr. wk. 3 wks. leave with pay annually plus additional 12 days leave with pay in isolated areas. Educational opportunities.

Apply:

522 Dominion Public Bldg., Winnipeg, Manitoba (Telephone: 927-100).

General Duty Nurses immediately for private, 18-bed hospital, 180 miles north of Sault Ste. Marie. Salary: $225 per mo. with $20 deductible for room & board. Transportation refunded after 3 mos. service. Apply Administrator, Lady Dunn Hospital, Jamestown, Ont.

General Duty Nurses for 107-bed modern hospital. Starting salary: $165 per mo. plus meals & laundry. Additional for night duty. Increase at 6 mos. & annually thereafter for a further 2 yrs. 44-hr. wk. 8 statutory holidays. 21 days holiday after 1 yr. service. Travelling expenses refunded after 6 mos. from point of entry into Ont. Cumulative sick time. Medical & hospital plans available. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

General Duty Registered Nurse by Oct. 15. for 13-bed hospital, 35 miles from city. Salary: $160 plus full maintenance. Straight shift. Apply Supt., De Salaberry Medical Nursing Unit District No. 27, St. Pierre, Man.

Registered Nurses for 34-bed General Hospital. Salary: $125 with increment of $5.00 every 4 mos. to $160. Full maintenance. $7.00 per wk. extra for night duty. Holidays: 3 wks. after 1st yr.; 4 wks. after 2nd yr. Sick leave: 12 days cumulative to 30 days. All statutory holidays. Apply Supt. of Nurses, Altona Hospital, Altona, Man.

Graduate Nurses (2) for office. Salary: $275 starting with expectation to learn use of X-ray, BMR, ECG machines as well as routine office work. To 1:00 p.m. Sat. & every other Sat. off. Laundry uniforms. Send information, including credentials & photo, to Drs. Carr & Salazar, Box 359, Ketchikan, Alaska.

Graduate Nurses (2) for Burns Lake Hospital, Burns Lake, B.C. Initial salary: $200 per mo. $40 full maintenance. 4 wks. vacation with pay after 1 yr. Transportation allowance granted; return after 1 yr. Apply Supt.

Applications will be received by the undersigned for the position of **Supervising Nurse** for the Kent County Board of Health Unit. Applicants to have qualifications as laid down by Dept. of Public Health, Ont. Applications will also be received for a **Staff Nurse,** qualifications as laid down by Dept. of Public Health, Ont. W. M. Abraham, Sec.-Treas., Kent County Board of Health, Kent County Municipal Bldg., 7th St., Chatham, Ont.

PUBLIC HEALTH NURSES

CITY OF VANCOUVER (Comp. 0-122)

To perform Public Health Nursing duties in a generalized preventive health program. ***Qualifications:*** Certificate or degree in Public Health Nursing; eligibility for registration in British Columbia. 5-day wk., superannuation plan, cumulative sick leave. Salary information upon request.

Application forms must be obtained from and returned to

Personnel Director, Room 210, City Hall, 453 West 12th Ave., Vancouver 10, B.C.

Graduate Registered Nurse for Operating Room, Graduate Registered Nurse for active medical & surgical floor, 24 beds, 8-4 as charge nurse. **Graduate Nurses for General Duty.** Salary: $145 for days; evenings $155; nights $150 per mo. plus full maintenance in nurses' residence. For 78-bed General Hospital, Parry Sound, Ont. (in the heart of a tourist district). 48-hr. wk. 2 wks. vacation plus 8 statutory holidays. Increment for first 2 yrs. Additional salary for charge nurse & post-graduate certificates. Apply M. E. Anderson, Director of Nursing.

Start a Nursing Home!

Large Brick Residence to Rent. North Toronto suburb. 14 rooms on 2 floors. 20 beds. 2 sunrooms. 2 acres landscaped grounds. Ideal set-up. R. S. Mason, Box 201, Richmond Hill, Ont.

Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

Appointments: *Betty Elliott* (Ottawa Civic Hosp. and University of Toronto general course), formerly with Stormont, Dundas and Glengarry health unit, to Ottawa board of health.

Resignations: *Mary* (*Marshall*) *Meade* as public health nursing supervisor, Dufferin Co. health unit; *Elizabeth Abernethy* from Amherstburg and Township of Malden boards of health; *Joyce Hickling* from Halton Co. health unit; *Ethel Hounslow* from Brant Co. health unit; *Mrs. Laura Shepherd* from Peterborough board of health; *Jessie Timleck* from Kingston board of health.

Attention! Quebec Industrial Nurses

The Bilingual Division of the Industrial Nurses of the Province of Quebec will hold their annual conference at the University of Montreal, Amphitheatre H. 404, **September 3, 4 and 5.** The conference has been arranged to cover those phases of medicine of particular interest to the industrial nurse. Lectures by prominent nurses and doctors, demonstrations, and factory tours have been arranged.

Single registration fee for entire conference —***$10.***

Individual sessions—***$2.00.***

Dinner meeting at Ritz Carlton Hotel on September 4 at 7:15 p.m.—***$3.50.***

GENERAL DUTY NURSE
OPERATING ROOM NURSE

required for

Immediate employment at the ***Saguenay General Hospital, Arvida, Quebec.***

• Regular employment. • Room and board and laundry service of uniforms provided. • Very favorable living and working conditions. • Starting salaries commensurate with qualifications and experience.

Apply, by letter, giving full particulars to:

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c/o Mr. A. C. Meyer
1700 Sun Life Bldg.
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